



ADOPTED

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

20 October 6, 2015

Los Angeles County
Board of Supervisors

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First District

Mark Ridley-Thomas
Second District

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Fourth District

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Fifth District

October 06, 2015


PATRICK OGAWA
ACTING EXECUTIVE OFFICER

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

**AUTHORIZE THE DEPARTMENTS OF HEALTH SERVICES AND MENTAL
HEALTH TO ENTER INTO AGREEMENTS WITH THE HOUSING
AUTHORITY OF THE CITY OF LOS ANGELES FOR TENANT-BASED
RENTAL ASSISTANCE
(ALL DISTRICTS)
(3 VOTES)**

SUBJECT

Authorize the Departments of Health Services and Mental Health to enter into Agreements with the Housing Authority of the City of Los Angeles for that entity's Tenant-Based Rental Assistance including accepting financial compensation for the Continuum of Care Program and other grant programs funded by a United States Department of Housing and Urban Development grant.

IT IS RECOMMENDED THAT THE BOARD:

1. Authorize the Directors of the Departments of Health Services (DHS) and Mental Health (DMH), or their designees, to accept and execute Agreements with the Housing Authority of the City of Los Angeles (HACLA) for Tenant-Based Rental Assistance effective September 1, 2015, through August 31, 2016, using an Agreement format substantially similar to Exhibit I, and to accept financial compensation, subject to review and approval as to form by County Counsel.

2. Delegate authority to the DHS and DMH Directors, or their designees, to sign any amendment and execute future new agreements for continuation of this and other Tenant-Based Rental Assistance with HACLA on an annual

313 N. Figueroa Street, Suite 912
Los Angeles, CA 90012

Tel: (213) 240-8101
Fax: (213) 481-0503

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*To ensure access to high-quality,
patient-centered, cost-effective
health care to Los Angeles County
residents through direct services at
DHS facilities and through
collaboration with community and
university partners.*



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basis for up to five years, using an Agreement substantially similar to Exhibit I, and to accept financial compensation, provided that 1) approval as to form by County Counsel, or designee, is obtained prior to execution of such agreement and 2) the DHS and DMH Directors, or designees, notify the Board and the Chief Executive Officer (CEO) of the new agreements in writing within 30 days after execution of each agreement.

3. Delegate authority to the DHS Director, or designee, to allow DMH clients to be served under the Supportive Housing Services Master Agreement (SHSMA).

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

HACLA submitted a Continuum of Care Bonus proposal in response to the United States Department of Housing and Urban Development (HUD) 2014 Super-NOFA and was selected to receive an award. Competition for these grants was based on the comparative strength of the communities' strategies for leveraging Medicaid funds to pay for health care and services as part of the permanent supportive housing model. HACLA selected DHS and DMH to be sub recipients of the award based on their experience with the target population, homeless persons with disabilities, and their capacity to provide supportive services to the target population including health and mental health services. DHS and DMH are required to provide documentation of an in-kind supportive services match, including health and mental health services, equivalent to no less the 25% of the actual award expenditure.

Approval of the first recommendation will allow the two Departments to enter into Agreements with HACLA for Tenant-Based Rental Assistance. The Agreements will provide 1) 547 Permanent Supportive Housing subsidies fully funded by HUD with an annual estimated value of \$7,184,412 with 275 subsidies allocated to DMH and 272 allocated to DHS and 2) a total of \$2,150,000 to fund supportive services with \$1,075,000 allocated to DMH and \$1,075,000 allocated to DHS. The \$2,150,000 will be used to provide Intensive Case Management Services (ICMS) to DMH and DHS clients who will be housed using the Permanent Supportive Housing subsidies. The ICMS services will be provided by agencies that have an executed Supportive Housing Services Master Agreement with DHS and are qualified to provide ICMS.

Approval of the second recommendation will allow the two Departments to execute future new agreements with HACLA for up to five years to continue the Tenant-Based Rental Assistance program.

Approval of the third recommendation will allow DHS SHSMA agencies to provide ICMS to DMH clients who will be housed using the Permanent Supportive Housing subsidies awarded to DMH. ICMS includes outreach and engagement; case management with on-going monitoring and follow-up; housing location; linkage to health, mental health, and substance use disorder services; assistance with benefits establishment; assistance with life skills, job skills, and educational and volunteer opportunities; crisis intervention; etc. The Board of Supervisors approved the SHSMA for the provision of ICMS to DHS patients on June 19, 2012. The SHSMA is a master agreement that is open for vendors to qualify during the term of the agreement.

Implementation of Strategic Plan Goals

The recommended actions support Goal 1, Operational Effectiveness/Fiscal Sustainability, and Goal 3, Integrated Services Delivery, of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

Total of \$2,150,000 Intensive Case Management Services (ICMS) provided to DMH and DHS clients is funded by HACLA for Tenant-Based Rental Assistance.

Funding is included in DHS Fiscal Year (FY) 2015-16 Final Budget and will be requested in future fiscal year as necessary.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

In the 2015 Homeless Count Report, the Los Angeles Homeless Services Authority cited that on any given night there are 44,359 homeless persons in Los Angeles County. Of this number, 12,356 are considered to be chronically homeless. The DHS and DMH strategy to end homelessness for the clients we serve includes securing housing resources such as those provided by Federal housing subsidy programs. The tenants pay 30 percent of their income toward the rent and HACLA subsidizes the remaining portion of the rent. Eligibility for the Tenant-Based Rental Assistance subsidy is limited to those that meet HUD's definition of chronic homelessness.

The recommended Agreements require an in-kind match of supportive services. The supportive services will be provided by DHS and DMH via the current health and mental health services and ICMS. Health and mental health services will be provided by DHS and DMH directly operated and contracted providers. ICMS will be provided by agencies that have an executed SHSMA with DHS and are qualified to provide ICMS.

For the Continuum of Care Agreement, DHS and DMH have agreed to mutual indemnification. The rationale for doing so is based on the fact that this Agreement is with another governmental entity. The departments have determined there is minimal risk to the County for doing so. As such mutual indemnification language is provided in the recommended Agreement.

The recommended Agreements are standard contract templates that HACLA has used for all sub-recipients in the Continuum of Care and as such do not contain the County's required terms and conditions. County Counsel will review and approve the DHS and DMH Agreements as to form prior to execution.

CONTRACTING PROCESS

HACLA, with input from DHS and DMH, submitted a Continuum of Care Grant application to HUD. Based on this grant application, HACLA was selected as the grant recipient. DHS and DMH are, in turn, the beneficiaries of HUD's grant award.

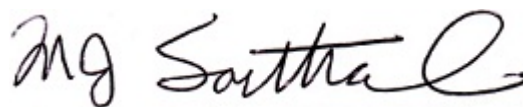
IMPACT ON CURRENT SERVICES (OR PROJECTS)

Board approval of the recommended actions will enable DHS and DMH to continue providing clients access to subsidized housing and help support the County's effort to end homelessness.

Respectfully submitted,

Handwritten signature of Mitchell H. Katz in black ink.

Mitchell H. Katz, M.D.
Director

Handwritten signature of Marvin J. Southard in black ink.

MARVIN J. SOUTHARD, D.S.W.
Director of Mental Health

MHKLMJS:az

Enclosures

c: Chief Executive Office
Acting County Counsel
Executive Office, Board of Supervisors
Department Mental Health
Housing Authority, City of Los Angeles

AGREEMENT NUMBER HA-2015-49-CoC-DHS

BETWEEN

HOUSING AUTHORITY OF THE CITY OF LOS ANGELES

AND

LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES

HUD GRANT NUMBER: CA1341L9D001400

COMPONENT TYPE: Tenant-Based Rental Assistance

THIS AGREEMENT is made and entered into this 1st day of September 2015 by and between the Housing Authority of the City of Los Angeles, State of California, a public body, corporate and politic (hereinafter referred to as the "Authority"), and the County of Los Angeles through its Department of Health Services, (hereinafter referred to as the "Service Provider").

W I T N E S S E T H:

WHEREAS, the Continuum of Care Program ("Program") provides a combination of housing and supportive services to chronically homeless high acuity participants ("Services"); and

WHEREAS, the Program provides grants to be used for rental assistance for permanent supportive housing for homeless persons with disabilities, which grants shall be matched by the Service Provider in the aggregate by supportive services that are at least equal in value to 25% of the total grant amount funded by the United States Department of Housing and Urban Development ("HUD"); and

WHEREAS, HUD, which provides the grant funds to the Authority, awarded grant funds for rental assistance and supportive services to the project submitted by the Authority in response to the 2014 HUD Super-NOFA; and

WHEREAS, the Service Provider has submitted its letter of commitment to provide the Supportive Services; and

WHEREAS, the Service Provider has represented that it has the requisite personnel, experience and resources to provide the Services required by the Authority and the Service Provider desires to provide the Services;

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found at on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award management (SAM) in order to apply for funding under the Continuum of Care (CoC) Program Competition. For more information see the FY 2014 Funding Notice and the FY 2013 – FY 2014 CoC NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2014 Funding Notice, FY 2013 – FY 2014 CoC Program NOFA and the FY 2013 General Section NOFA, including the General Section Technical Correction, and all requirements and criteria met.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with the instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Applicant must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in both the FY 2014 Funding Notice and the FY 2013 – FY 2014 CoC Program NOFA.

1A. Application Type

Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: Field intentionally left blank, cannot edit.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 10/28/2014

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: (e.g., expiring grant number)

6. Date Received by State:

7. State Application Identifier:

1B. Legal Applicant

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, exit this application, click on the "Applicants" list on the left menu, click on , place the Project Applicant Profile in "edit" mode by clicking on the "Edit" button on the 6. Submission Summary formlet, and correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode by clicking on the "Complete" button on the 6. Submission Summary formlet. Click "Back to Applicants List" on the left menu, then re-open the project application. The updated information in the Applicant Profile will appear in the project application.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant

a. Legal Name: HOUSING AUTHORITY OF THE CITY OF LOS ANGELES (HACLA)

b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6001623

	c. Organizational DUNS:	077233732	PL US 4	
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d. Address

Street 1: 2600 WILSHIRE BLVD., 3RD FLOOR

Street 2:

City: LOS ANGELES

County: LOS ANGELES

State: California

Country: United States

Zip / Postal Code: 90057-3400

e. Organizational Unit (optional)

Department Name: SECTION 8 SPA

Division Name:

**f. Name and contact information of person to
be
contacted on matters involving this
application**

Prefix: Mr.

First Name: TINZY

Middle Name:

Last Name: MILTON

Suffix: Jr.

Title: SPECIAL PROGRAMS COORDINATOR

Organizational Affiliation: HOUSING AUTHORITY OF THE CITY OF LOS
ANGELES (HACLA)

Telephone Number: (213) 252-6988

Extension:

Fax Number: (213) 252-2738

Email: Tinzy.MILTON@HACLA.ORG

1C. Application Details

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, exit this application, click on the "Applicants" list on the left menu, click on , place the Project Applicant Profile in "edit" mode by clicking on the "Edit" button on the 6. Submission Summary formlet, and correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode by clicking on the "Complete" button on the 6. Submission Summary formlet. Click "Back to Applicants List" on the left menu, then re-open the project application. The updated information in the Applicant Profile will appear in the project application.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

9. Type of Applicant: L. Public/Indian Housing Authority

If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance CoC Program
Title:

CFDA Number: 14.267

12. Funding Opportunity Number: FR-5800-N-30

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project form when the project application was initiated. To change the project name, click return to the Submission List and click on "Projects" on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this screen. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select district(s) in which the project is expected to operate.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project. For new project applications, indicate the estimated operating start and end date of the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

14. Area(s) affected by the project (state(s) only): California
 (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: HACLA Permanent Supportive Housing Bonus

16. Congressional District(s):

a. Applicant: CA-046, CA-033, CA-035, CA-036, CA-037, CA-039, CA-027, CA-029, CA-028, CA-031, CA-030, CA-034, CA-032, CA-025

b. Project: CA-046, CA-033, CA-035, CA-036, CA-037, CA-039, CA-027, CA-029, CA-028, CA-031, CA-030, CA-034, CA-032, CA-025
 (for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 07/01/2015

b. End Date: 06/30/2016

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. Compliance

Instructions:

Is Application Subject to Review By State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected an explanation is required in the space provided on this screen.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

- 19. Is the Application Subject to Review By State Executive Order 12372 Process?** b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

- 20. Is the Applicant delinquent on any Federal debt?** No

If "YES," provide an explanation:

1F. Declaration

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2013 – FY 2014 CoC Program NOFA (Section VI.A.1.b), the FY 2014 Funding Notice and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative's information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body's authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: ☒

21. Authorized Representative

Prefix: Mr.

First Name: Douglas

Middle Name:

Last Name: Guthrie

Suffix:

Title: President and CEO

Telephone Number: (213) 252-1810
(Format: 123-456-7890)

Fax Number: (213) 383-9719
(Format: 123-456-7890)

Applicant: Housing Authority of the City of Los Angeles
Project: HACLA Permanent Supportive Housing Bonus

077233732
116673

Email: douglas.guthrie@hacla.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 10/28/2014

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards: \$2,150,000

Organization	Type	Sub-Award Amount
Los Angeles County - Department of Mental Healt...	B. County Government	\$1,075,000
Los Angeles County - Department of Health Services	B. County Government	\$1,075,000

2A. Project Subrecipients Detail

Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient's behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at <http://www.dnb.com>.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select "Yes" or "No" if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select "Yes" or "No" to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person's organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person's telephone number and email (required); alternate number, extension, and fax number (optional).

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

a. Organization Name: Los Angeles County - Department of Mental Health (LAC-DMH)

b. Organization Type: B. County Government

If "Other" specify:

c. Employer or Tax Identification Number: 95-6000927

	* d. Organizational DUNS:	038032830	PL US 4:	
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e. Physical Address

Street 1: 550 S. Vermont Ave

Street 2:

City: Los Angeles

State: California

Zip Code: 90020

f. Congressional District(s): CA-046, CA-033, CA-035, CA-036, CA-037, CA-039, CA-027, CA-029, CA-028, CA-031, CA-030, CA-034, CA-032, CA-025
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$1,075,000

j. Contact Person

Prefix: Dr.

First Name: Maria

Middle Name:

Last Name: Funk

Suffix: Ph.D.

Title: District Chief

E-mail Address: mfunk@dmh.lacounty.gov
Confirm E-mail Address: mfunk@dmh.lacounty.gov
Phone Number: 213-251-6582
Extension:
Fax Number: 213-637-2336

2A. Project Subrecipients Detail

Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient's behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at <http://www.dnb.com>.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select "Yes" or "No" if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select "Yes" or "No" to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person's organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person's telephone number and email (required); alternate number, extension, and fax number (optional).

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

a. Organization Name: Los Angeles County - Department of Health Services

b. Organization Type: B. County Government
If "Other" specify:

c. Employer or Tax Identification Number: 95-6000927

	* d. Organizational DUNS:	099446254	PLUS 4:	
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e. Physical Address

Street 1: 313 North Figueroa Street, Suite 704

Street 2:

City: Los Angeles

State: California

Zip Code: 90012

f. Congressional District(s): CA-046, CA-033, CA-035, CA-036, CA-037, CA-038, CA-039, CA-027, CA-029, CA-028, CA-031, CA-030, CA-034, CA-032, CA-025
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$1,075,000

j. Contact Person

Prefix: Ms.

First Name: Cheri

Middle Name:

Last Name: Todoroff

Suffix:

Title: Deputy Director

E-mail Address: ctodoroff@dhs.lacounty.gov

Confirm E-mail Address: ctodoroff@dhs.lacounty.gov

Phone Number: 213-240-8363

Extension:

Fax Number: 213-482-3395

2B. Experience of Applicant, Subrecipient(s), and Other Partners

Instructions:

Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations: This is a required field. Describe why the applicant, subrecipients, and partner organizations (e.g., developers, key contractors, subcontractors, service providers) are the appropriate entities to receive funding. Provide concrete examples that illustrate their experience and expertise in the following: 1) working with and addressing the target population's identified housing and supportive service needs; 2) developing and implementing relevant program systems, services, and/or residential property construction and rehabilitation; 3) identifying and securing matching funds from a variety of sources; and 4) managing basic organization operations including financial accounting systems.

Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds: This is a required field. Include experience with all Federal, State, local and private sector funds. If the applicant and subrecipient have no experience leveraging other funds, include the phrase "No experience leveraging other Federal, State, local, or private sector funds."

Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system: This is a required field. Include the organization and management structure of the applicant and all subrecipients, making sure to include a description of internal and external coordination and the financial accounting system that will be used to administer the grant.

Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any): This is a required field. Select "Yes" or "No" to indicate whether or not the subrecipient has open OIG audit findings; poor or non-compliance with applicable Civil Rights Laws and/or Executive Orders; or open McKinney-Vento related monitoring findings. The question is related to those projects for which the subrecipient organization is either a direct recipient or a subrecipient.

Describe the unresolved monitoring or audit findings: This is a required field if "Yes" to the previous question. Use the space provided to explain the details of the unresolved monitoring or audit findings and the steps the applicant or subrecipient will take to resolve the findings.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

The Housing Authority of the City of Los Angeles (HACLA) is a public agency chartered in 1938 by the State of California to provide housing assistance to the low-income residents of Los Angeles. The annual budget is over \$1 billion with 761 employees. Funded by the United States Department of Housing and Urban Development (HUD), HACLA operates a Public Housing Program (6,971 units), and a Section 8 Housing Choice Voucher Program (HCVP—48,893 vouchers), the second largest Section 8 Program in the country. HACLA has been a high performer in the Section Eight Management Assessment Program, HUD's report card on Housing Authority performance, for the past 6 years.

HACLA assists more than 14,000 formerly homeless and chronically homeless (CH) households in six permanent supportive housing (PSH) programs--Shelter Plus Care, now called the CoC Rental Assistance (CoCRA) Program, for CH, high acuity clients (3,180 units); Moderate Rehabilitation Single Room Occupancy, for homeless individuals (1,107 units), HUD-Veterans Affairs Supportive Housing, for homeless and CH veterans (3,147 units); Project-Based Voucher, for the development of PSH for the homeless and CH (1,987 units), and two Section 8 Waiting List Limited Preference programs: Homeless, for mid acuity homeless individuals and families (4,111) and Tenant Based Supportive Housing (TBSH), for CH, high acuity individuals (800). HACLA also administers a "moving on" program for CoCRA clients that allows them to transition to the HCVP when they no longer need the high level of supportive services, freeing up those units for new high acuity CH clients.

For this application, HACLA has partnered with the Los Angeles County Departments of Mental Health (DMH) and Health Services (DHS) as its subrecipient supportive service partners. DMH and DHS have proven their capacity to provide supportive services to the CH population, and, along with HACLA, have the infrastructure in place to implement this grant quickly. They currently partner directly with HACLA in the CoCRA and TBSH programs, serving almost 800 CH households, as well as providing services to HACLA Homeless Program clients and other sub-recipients for hundreds of additional grant funded units.

DMH is the County agency responsible for planning, providing and administering the public Mental Health System of Care within Los Angeles County. With a budget of more than \$1 billion, and more than 265,000 unique clients, the DMH system is larger than most state mental health programs. DMH directly operates more than 50 sites countywide, and contracts with over 1,100 other providers, including non-governmental agencies and individual practitioners. A diverse spectrum of mental health services is provided to all ages, including mental health assessments; crisis intervention; individual, group and family treatment; case management; and medication support in acute inpatient, residential and outpatient settings. The majority of DMH clients suffer from chronic mental illnesses and a significant percentage are dually diagnosed with substance abuse disorders.

DMH has been providing specialized mental health services to the homeless population for more than 20 years, beginning with the implementation of the Federally funded Projects for Assistance in Transition from Homelessness (PATH) program. In 1999, Los Angeles piloted comprehensive, integrated services to homeless adults with serious mental illness through the California Assembly Bill (AB) 34 program which created a broad array of flexible, field-based services, making it possible for programs to deliver the comprehensive

continuum of services necessary to support individuals who are homeless or formerly homeless with obtaining and maintaining permanent housing and successfully living in the community. Proposition 63, also known as the Mental Health Services Act (MHSA), was passed by voters in November 2004. MHSA created a new permanent revenue source for transformation and expansion of mental health services statewide which has enabled DMH to expand its services to the homeless.

The mission of DHS is to ensure access to high quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners. DHS operates four hospitals including three acute care hospitals and one acute rehabilitation hospital. The DHS ambulatory care network includes 19 directly operated health centers and over 150 contracted Community Partner clinics. DHS has an annual budget of almost \$4 billion, has over 20,000 employees and has established 'medical homes' for over 250,000 patients.

DHS established the Housing for Health (HFH) division in 2012. HFH is focused on creating housing opportunities for homeless patients and clients of DHS who have complex medical and behavioral health conditions. Permanent supportive housing is linked to a flexible array of support services, including a Flexible Housing Subsidy Pool program of local rental assistance. Working in collaboration with support services providers, health care providers, housing finance agencies, housing developers, and philanthropy, HFH aims to ultimately facilitate the creation of thousands of housing units linked to the health system.

In 2012, DHS established Master Agreements with over 30 homeless services providers countywide to provide Intensive Case Management Services (ICMS) to clients. These services include outreach and engagement; case management with on-going monitoring and follow-up; linkage to health, mental health, substance use disorder services; assistance with benefits establishment; assistance with life skills, job skills, and educational and volunteer opportunities; and crisis intervention.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

HACLA leverages the rental assistance provided in its six permanent supportive housing programs with supportive services provided by the program partners. Public Agencies, such as DMH, DHS and Veterans Affairs, as well as over 30 community based organizations provide supportive services from a variety of their own sources, ranging from public agency funds, Continuum of Care Supportive Housing Program and Supportive Services Only grants to private fundraising. The Shelter Plus Care program has been leveraging funds for supportive services since 1992 and in 2013 match and leverage totaled over \$30 million. Security deposit assistance has been funded by Substance Abuse and Mental Health Services Act (SAMHSA) and Supportive Services for Veterans Families (SSFV) grants in previous years.

HACLA, DMH and DHS leveraged \$9 million over the past three years from private, business and foundation sources as part of the United Way of Greater Los Angeles' Home for Good effort, a cross-sector initiative to end chronic and veteran homelessness in Los Angeles County by 2016, in the form of supportive service funding and move-in assistance, including security and utility deposits, furniture, and household goods for clients moving into new homes.

Since becoming a subrecipient of federal housing funds, DMH has been successful at meeting its match and leverage goals. DMH is the Local Mental Health Plan for Los Angeles County through which all leveraged MediCal for specialty mental health services, other Federal mental health funding such as SAMHSA and PATH, State mental health funding such as Mental Health Services Act funds and County General Fund dollars for mental health are administered. DMH uses its multiple funding sources to meet the match and leverage requirements for its current CoCRA contracts and would do so in this proposal. The average per client per year depends on the intensity of the program the client is in, from approximately \$16,000 for clients in the intensive Full Service Partnership (FSP) program to \$5,000 in the Field Capable Clinical Service (FCCS) program to \$2,000 in the Wellness Center program.

DHS provides ICMS to all clients of its housing programs either through contract or agreement. The services include home visits; linkage to health, mental health, and substance use disorder services; and assistance with the establishment of mainstream benefits such as SSI, General Relief, Medi-Cal, and Healthy Way LA and total approximately \$5,400 per client per year. DHS has actively participated in the past several rounds of Los Angeles City and County agency PSH NOFA which have resulted in units being committed to house DHS patients in projects that will be coming online over the next several years. DHS has also leveraged \$4 million in private sector grant funds from the Conrad N. Hilton Foundation to fund its Flexible Housing Subsidy Pool of local rental assistance for homeless individuals.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

A seven member Board of Commissioners, appointed by the Mayor and approved by the LA City Council, governs the operations of HACLA. The President and CEO is responsible for HACLA's overall program and personnel administration. The Section 8 Director oversees all programs and operations within the Section 8 Department and has direct supervision of the Assistant Section 8 Directors. The S8 Department has five functional areas: Applications, Processing, Issuance and Contracting; Special Programs Operations and Administration (SPOA); Administrative Services; Service Delivery; and Inspections. Within SPOA is the Special Programs Administration (SPA) Office that processes applications, determines eligibility, completes initial contracting and provides on-going contract maintenance for the CoC rental assistance program. S8 contracts the services of Emphasys ("Elite") to use an application designed to track operations related to waiting list, inspections, rent calculations, tenant information, and HUD reports. HACLA processes monthly payments to landlords. The payment amounts are determined by S8 using Elite and transferred to Accounts Payable (AP) for processing. AP is one of the functional areas within the Finance Department headed by the CFO who reports directly to the CEO. Payments are made via direct deposit. The interface between Elite and the Finance Department Oracle system allows AP to gather and process S8 payments. HACLA has external controls in the form of annual independent audits.

DMH is one of 37 departments under the jurisdiction of LA County Board of Supervisors. DMH is structured by age group populations and specialty divisions of which Countywide Housing, Employment and Education Resource Development (CHEERD) is one. CHEERD provides administrative oversight and management of DMH's housing resources for people who are homeless. CHEERD works with DMH's CIO Bureau to capture the dollar value of all of the services provided to CoCRA participants that are billed through the Integrated System (IS) claiming system to be replaced by the Integrated Behavioral Health Information System (IBHIS). DMH uses information from the IS/IBHIS to capture the required in-kind service match and leverage. IS/IBHIS data is monitored by the Central Business Office and audited by County Auditor-Controller and State Department of Health Care Services.

DHS is an integrated system of providers, clinics, and hospitals. Housing for Health (HFH) is in the Community Health division of DHS. The HFH director is a member of DHS executive team. DHS has a finance division that oversees and manages budget and accounting operations. For DHS and DMH, the County of LA utilizes an electronic general ledger system known as eCAPS to process its accounts payables and cash collections. Cash management is handled centrally by the LA County Auditor-Controller, which also audits the agencies as does the State Department of Health Care Services.

4a. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)? No

3A. Project Detail

Instructions:

The selections made on this screen will determine the remaining screens that must be completed for this project application.

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select "No CoC."

CoC Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the "Project" Form and cannot be edited.

Project Status: The default selection is "Standard," indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2014 CoC Program competition. The selection should only be changed to "Appeal" in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see the CoC Program Competition Appeals Notice.

Component Type: This is a populated field with "PH" and cannot be edited. Permanent supportive housing or rapid re-housing projects are the only type of new projects applications that can be submitted in the FY 2014 CoC Program Competition.

Energy star: This field is required. Select "Yes" or "No" to indicate if Energy Star is being used in this project at one or more properties that will receive funding in this CoC Program Competition.

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

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1a. CoC Number and Name: CA-600 - Los Angeles City & County CoC

1b. CoC Applicant Name: Los Angeles Homeless Services Authority

2. Project Name: HACLA Permanent Supportive Housing Bonus

3. Project Status: Standard

4. Component Type: PH

5. Is Energy Star used at one or more of the proposed properties? No

6. Does this project use one or more properties that have been conveyed through the Title V process? No

3B. Project Description

Instructions:

Provide a description that addresses the entire scope of the proposed project: This field is required. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Please note that projects applying for permanent supportive housing bonus funds have additional requirements for the project description narrative. These requirements include but are not limited to describing the capacity for assessing need, prioritizing persons with the most severe needs and outreach to the chronically homeless, as well as experience with and a description of the program design for implementing housing first. Project applicants must review the FY 2014 Funding Notice for full details concerning these requirements.

Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work: This is a required field. Provide a schedule and describe both a management plan and implementation methodology that will ensure that the project will begin operating within the requirements described in the FY 2014 Funding Notice and CoC Program interim rule if it is selected for a funding award.

Will your project participate in a CoC Coordinated Assessment System: This is a required field. Select "Yes" if the project is currently participating in a coordinated assessment system. If a coordinated assessment system does not exist in the CoC or if the project does not participate, select "No."

Will your project have a specific population focus: This is a required field. Select "Yes" if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If "Yes" is selected, select the relevant checkbox(es) to identify the project's population focus. Please remember that applicants may only request PSH Bonus funds that serve exclusively chronically homeless or new reallocated funds for PSH projects that serve the chronically homeless or for RRH projects that serve households with children. At a minimum, the appropriate subpopulation should be reflected in the answer to this question.

Will the project follow a "Housing First" model: This is a required field. Select "Yes" if the project currently follows a housing first approach that allows the homeless to enter without barriers such as income, sobriety, etc. Select "No" if the project does not follow a housing first approach.

If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property. This field must be completed if the project applicant will request capital costs (e.g., acquisition, rehabilitation, or new construction) in the project application. Provide a detailed list of the activities and responsibilities assigned to the applicant and each subrecipient (if any). Note: A PSH Bonus project cannot request capital costs.

Will the PH project provide PSH or RRH: This is a required field. Select PSH if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select RRH if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

Indicate the maximum length of assistance. RRH projects may provide assistance to participants for a period of up to 24 months but may choose from 3, 12, 18, and 24 month periods. There is no time limit for PSH projects. Therefore, when PSH is selected, "Unlimited Assistance" will automatically populate and will be read only.

Will the project request costs under the rental assistance budget line item? This is a required field. If requesting rental assistance, select Yes from the dropdown menu. If not requesting rental assistance in this project application, select No.

Describe the method for determining the type, amount, and duration of rental assistance that participants can receive. If the project is requesting rental assistance, describe the method or process the applicant will use to determine the type, amount, and duration of rental assistance that participants can receive. For PSH projects this generally means a brief explanation of the choice of rental assistance type (PRA, SRA, or TRA) as all PSH projects are required to offer

unlimited duration of assistance.

Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation: This is a required field. If "Yes" is selected, explain how and why the project will implement this requirement for participants to live in particular structure, unit, or locality during all or a portion of the period of participation.

Will more than 16 persons live in one structure: This is a required field. If "Yes" is selected, describe the local market conditions that necessitate a project of this size and describe how the project will be integrated into the neighborhood.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Provide a description that addresses the entire scope of the proposed project.

HACLA proposes to provide Tenant-Based Rental Assistance to 527 CH individuals and 20 CH families with the most severe service needs. Outreach and prioritization of this group will be done by the CoC's Coordinated Assessment System (See 5C.3.) which DMH and DHS will utilize to identify program participants. After initial and on-going health and supportive service needs assessment, clients will be offered a range of physical and mental health services, including case management, individual and group counseling, crisis intervention and medical support. Other resources will also be available to clients such as: vocational and educational services; substance abuse treatment programs; HIV/AIDS resource referrals; benefits advocacy; life skills training and linkage to a broad spectrum of community resources such as food and clothing banks. Case managers will also assist clients with paperwork completion, housing search assistance and tenant/landlord dispute mediation. Through this comprehensive system of health and supportive services, HACLA proposes to expand options for chronically homeless high acuity clients in Los Angeles by combining housing and services that promote self-sufficiency, independence and long term housing stability.

HACLA, DMH and DHS embrace the Housing First model. The agencies require their staff and contract agencies to use the Housing First model to assist clients in attaining the housing of their choice without prerequisites or conditions such as psychiatric treatment, sobriety, or living successfully in transitional housing prior to being housed. No demonstration of "housing readiness" is required. HACLA, DMH and DHS have great experience with Housing First since their participation in the landmark Project 50 program in 2007. The objective of the program was to move 50 of the most vulnerable chronically homeless persons from the most concentrated area of homelessness in Los Angeles County (Skid Row) into PSH. Four years after its implementation, Project 50 reported an 82% retention rate for the participants who moved directly from the streets into PSH using the Housing First model. Project 50 has been expanded across the region with Housing First as its centerpiece. CES and Housing First will be utilized in this project.

DMH and DHS are the mainstream resources of supportive services in L.A. County and a key role of case managers is to actively assist clients to enroll in health benefits for which they are eligible, such as Medi-Cal (Medicaid in California), at time of initial intake and assessment. DMH and DHS are the health safety net providers in the county and 60-80% of their clients have Medi-Cal. Supportive service that will be billed through Medi-Cal include case management, behavioral health services, medication support and education, individual and group therapy and crisis intervention—all services necessary to support housing stability.

2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.

HACLA, DMH and DHS have structures and processes in place to achieve full utilization of the awarded units and placement of case managers within the following timeframes.

Timeframe	% of Units Leased
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1-3 months	10%
4-6 months	40%
7-9 months	70%
10-12 months	100%

Timeframe	Supportive service case managers funded through the grant in place
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1st Month	4
2nd Month	11
3rd Month	18
4th Month	25
5th Month	32
6th-12th Month	36

Each agency has a specific unit tasked with ensuring effective and timely completion of all work. At HACLA, the SPA office's Shelter Plus Care unit will process all applicant referrals from eligibility determination and certificate issuance to inspection of units and housing assistance payments contract execution. HACLA anticipates that 8-10 staff persons will be need for this project and as applicants need to be front loaded into the process and issued certificates early in the grant period so there is time for them to locate units and complete leasing, 2/3 of the staff will be in place by the 5 month. Financing to pay for this staff will be requested from the United Way's Home For Good Funders Collaborative. At DMH, the CHEERD Division's Federal Housing Subsidies unit will prepare application referrals and assist clients through every step of the leasing process. At DHS, the HFH unit will perform this function.

The three agencies have a history of working together to house clients quickly and will expand on that model for this project. HACLA will track weekly the number of new referrals received from DMH and DHS to ensure that they are being made at a rate to meet the leasing timelines. HACLA, DMH and DHS will conduct weekly conference calls of unit supervisors to review and adjust as necessary the pace of applicant referrals and monitor applicants in the various stages of production to identify and address bottlenecks in the system and resolve individual client issues.

3. Will your project participate in the CoC Coordinated Assessment System? Yes

4. Will your project have a specific population focus? Yes

4a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	<input checked="" type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families	<input checked="" type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

Other:**5. Will the project follow a "Housing First" model?** Yes**6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.****7. Will the PH project provide PSH or RRH?** PSH**7a. Indicate the maximum length of assistance:** Unlimited assistance**8a. Will the project request costs under the rental assistance budget line item?** Yes**8b. Describe the method for determining the type, amount, and duration of rental assistance that participants can receive.**

DMH and DHS case managers will assist participants in locating units of their own choosing by accompanying them to rental showings, helping them complete rental applications and utilizing a wide variety of housing resources to find units, including HACLA's listings and their own relationships with landlords. HACLA will provide tenant based rental assistance at a maximum contract rent of the Fair Market Rent and ensure that the rent is reasonable through use of its third party vendor comparable rent program. Participants will receive assistance of unlimited duration.

9a. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? No

10a. Will more than 16 persons live in one structure? No

3C. Project Expansion Information

Instructions:

Will the project use an existing housing facility or incorporate activities provided by an existing project: This is a required field. Select "Yes" or "No" to indicate whether the proposed project expands an existing project in any way either by increasing the number of persons served, providing additional supportive services, bringing existing facilities up to state or local government health and safety standards, or if the funding replaces the loss of non-renewable funding. If "Yes," select all of the applicable expansion activities and provide a description for each.

Select the activities below that describe the expansion project, and click on the "Save" button below to provide additional details. Select one or more of the following activities that describe the type of expansion being proposed. Once all selections have been made, click on the "Save" button in order for follow-up questions related to the applicable selections to be made visible.

Increase the number of homeless persons served
The project applicant will complete a table to indicate what the current level of effort (i.e., number of persons currently being served) and what the new level of effort will be as a result of this expansion project. The project applicant should enter the number of persons/units/beds based on the full capacity (currently and after expansion) at a single point in time and not based on the number of persons served over the course of an operating year.

Provide additional supportive services to homeless persons
Select from the available items in the first menu and click "Add" or "Add All" to move them to the second menu. To cancel selection of one or more items added to the second menu, click on the appropriate selection(s) and then click "Remove" or "Remove All."
Use the text box provided to justify the supportive service increase indicated in the second menu screen above.

Bring existing facilities up to state or local government health and safety standards
Use the text box provided to describe how the project is proposing to "bring the existing facility(ies) up to state/local government health and safety standards." Please reference the applicable standard(s).

Replace the loss of nonrenewable funding
a) Use the text box provided to describe the source of non-renewable funding.
b) Use the text box provided to describe why the funds are non-renewable.
c) Select the date from the date field corresponding to the date when the non-renewable funds will expire.
d) Use the text box provided to describe what steps were taken to obtain other funding sources.
e) Use the text box provided to describe why CoC Program funds are needed to continue operating the project.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project? No

4A. Supportive Services for Participants

Instructions:

Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families: This is a required field. Select "Yes," "No," or "N/A" to indicate whether the project policies provide for educational and related services to individuals and families experiencing homelessness, and if the policies are consistent with local and federal educational laws, including the McKinney-Vento Act. Only projects that do not serve families with children or unaccompanied youth should select "N/A." If "No" is selected, the project applicant will be required to answer an additional question.

Does the proposed project have a designated staff person to ensure that children are enrolled in school and receive educational services, as appropriate: This is a required field. Select "Yes," "No," or "N/A" to indicate whether the project has a designated staff person responsible for ensuring that children and youth are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services. Only projects that do not serve families with children or unaccompanied youth should select "N/A." If "No" is selected, the project applicant will be required to answer an additional question.

Describe the manner in which the project applicant will take into account the educational needs of children when youth and/or families are placed in housing: This is a required field if a response of "No" is given for either one of the two preceding questions. Use this space to explain how the project will plan to meet the educational needs of children and youth participants according to the requirements specified under section 426.B.4 of the McKinney-Vento Act as amended by HEARTH.

Describe how participants will be assisted to obtain and remain in permanent housing: This is a required field. Describe how the project applicant will assist project participants to obtain and remain in permanent housing. The response should address how the applicant will take into consideration the needs of the target population and the barriers that are currently preventing them from obtaining and maintaining permanent housing. The applicant should describe how those needs and barriers will be addressed through the case management and/or other supportive services that will be offered through the project. If participants will be housed in units not owned by the project applicant, the narrative must also indicate how appropriate units will be identified and how the project applicant or subrecipient will ensure that rents are reasonable. Established arrangements and coordination with landlords and other homeless services providers should be detailed in the narrative.

Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently: This is a required field. Describe the supportive services that will be provided to help project participants locate employment and access mainstream resources so that they are more likely to be able to live independently.

For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider or mode of Access is relevant for a single service, please select the provider and mode of access that corresponds to the highest frequency.

- Provider: select one of the following: "Applicant" to indicate that the applicant will provide the service directly; "Subrecipient" to indicate that a subrecipient will provide the service directly; "Partner" to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, "Non-Partner" to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Access: Select the most common method of access for participants. If more than one mode is equally common, choose the most convenient.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as "—select—" when services are not applicable.

To what extent are most community amenities available to project participants: This field is required. Select the answer that best fits the level of accessibility of community amenities such as: Schools, libraries, houses of worship, grocery stores, laundromats, doctors, dentists, parks or recreation facilities. If accessibility varies significantly by amenity, choose the level that best describes most of the amenities or the average accessibility of amenities.

Additional Resources can be found at the HUD Exchange:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1a. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families? Yes

1b. Does the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate? Yes

2. Describe how participants will be assisted to obtain and remain in permanent housing.

DMH and DHS will provide intensive outpatient programs to clients and limit the case manager (CM) to client ratio to 1:15. CM will be responsible for coordinating the delivery of integrated primary healthcare and recovery services, and the other supportive services necessary for housing stability, such as life skills, household budgeting and vocational training. CM will assist clients obtain housing by helping them through all phases of the lease up process, including paperwork completion and housing search assistance--utilizing their landlord relationships/listings and accompanying clients to rental showings. HACLA will ensure the contract rent is reasonable through use of its third party vendor comparable rent program. Throughout tenancy, the three agencies will communicate closely to assist participants to remain housed by ensuring lease and HACLA requirement compliance. CM will avert possible evictions by working directly with landlords to act as mediators in rental disputes.

3. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.

DMH and DHS will assess all participants for vocational capacity. Individuals who are able to work will be connected to appropriate educational/job training programs. The County Departments have facilitated the development of partnerships with employment and education providers throughout LA County including LAUSD, WorkSource Centers, State Department of Rehabilitation, community colleges, adult education and apprenticeship programs. Employment services consist of pre-employment, job training and placement and post placement, such as resume writing, application completion, interviewing, job coaching and job retention skill building assistance. Additional resources available to clients include support groups that address goal-setting, self-esteem development, and money management.

For individuals who are unable to work, case managers will screen participants for income and other benefits (General Relief, SNAP, SSI, SSDI) and will assist in the application process. (As noted previously all participants will be assessed for Medi-cal and other medical insurance as well.) Benefit assistance will entail collecting necessary documentation, accompaniment to medical appointments, and coordination and submission of applications. If participants are denied any benefits, case managers will work with them to appeal when appropriate to do so. When a participants benefits are terminated, the case manager will work with the participant to reinstate benefits. All case managers are required to attend trainings on benefits advocacy.

4. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.

Click 'Save' to update.



Supportive Services	Provider	Access	Frequency
Assessment of Service Needs	Subrecipient	Onsite	As needed
Assistance with Moving Costs	Subrecipient	Onsite	As needed
Case Management	Subrecipient	Onsite	Weekly
Child Care	Non-Partner	Public/private regional transportation	As needed
Education Services	Subrecipient	Onsite	As needed
Employment Assistance and Job Training	Subrecipient	Onsite	As needed
Food	Non-Partner	Program van	As needed
Housing Search and Counseling Services	Subrecipient	Onsite	Weekly
Legal Services	Non-Partner	Program van	As needed
Life Skills Training	Subrecipient	Onsite	Weekly
Mental Health Services	Subrecipient	Onsite	Weekly
Outpatient Health Services	Subrecipient	Onsite	As needed
Outreach Services	Subrecipient	Onsite	Daily
Substance Abuse Treatment Services	Subrecipient	Program van	Weekly
Transportation	Subrecipient	Program van	As needed
Utility Deposits	Subrecipient	Onsite	As needed

5. How accessible are most community amenities to project participants?

Most Community Amenities
Schools, libraries, houses of worship, grocery stores, Laundromats, doctors, dentists, parks or recreation facilities.

Access
Very accessible: No transportation barriers, easily within reach of all participants.

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

Total Units: 547

Total Beds: 567

Total Dedicated CH Beds: 567

Total Non-Dedicated CH Beds: 0

Housing Type	Units	Beds	Dedicated CH Beds	Non-Dedicated CH Beds
Scattered-site apartments (...)	547	567	567	0

4B. Housing Type and Location Detail

Instructions:

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as "CH Beds" on a CoC's Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated to the chronically homeless, enter "0." If this is a new reallocated PSH project, all beds must be dedicated to the chronically homeless.

How many of the total beds entered in "b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2014 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter "0."

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 547

b. Beds: 567

c. How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless? 567

d. How many of the total beds entered in "b. Beds" are not dedicated to the chronically homeless but will still be used to assist the chronically homeless? 0

3. Address:

Street 1:

Street 2:

City: Los Angeles

State: California

ZIP Code:

4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key) 062118 LOS ANGELES

5A. Project Participants - Households

Instructions:

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and on child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the "Total Number..." and "Total Persons" rows will automatically calculate when the "Save" button is clicked.

Please note that New RRH projects may only serve families (i.e. households with children, or households with only children).

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	20	527	0	547

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Disabled Adults over age 24	20	527		547
Non-disabled Adults over age 24	0	0		0
Disabled Adults ages 18-24	0	0		0
Non-disabled Adults ages 18-24	0	0		0
Accompanied Disabled Children under age 18	0		0	0
Accompanied Non-disabled Children under age 18	20		0	20
Unaccompanied Disabled Children under age 18			0	0
Unaccompanied Non-disabled Children under age 18			0	0
Total Number of Adults over age 24	20	527		547
Total Number of Adults ages 18-24	0	0		0
Total Number of Children under age 18	20		0	20
Total Persons	40	527	0	567

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Instructions:

*This screen can only be completed once Screen "5A. Project Participants – Households" has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on the screen according to household types.

Persons in Households with at Least One Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the "Total Persons" rows will calculate automatically when the "Save" button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column "Persons not represented by listed subpopulations." Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

Please note that New PSH projects may only serve the chronically homeless (i.e. the head of household must have a qualifying disability and be considered chronically homeless according to the chronic homeless definition).

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

Persons in Households with at Least One Adult and One Child

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AID S	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Disabled Adults over age 24	20	0	0	2	0	9	0	9	0	0
Non-disabled Adults over age 24	0	0	0	0	0	0	0	0	0	0
Disabled Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Non-disabled Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Disabled Children under age 18										

Non-disabled Children under age 18	20			0	0	0	0	0	0	0
Total Persons	40	0	0	2	0	9	0	9	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AID S	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Disabled Adults over age 24	527	0	0	55	0	236	0	236	0	0
Non-disabled Adults over age 24	0	0	0	0	0	0	0	0	0	0
Disabled Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Non-disabled Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Total Persons	527	0	0	55	0	236	0	236	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AID S	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Accompanied Disabled Children under age 18										
Accompanied Non-disabled Children under age 18										
Unaccompanied Disabled Children under age 18										
Unaccompanied Non-disabled Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

5C. Outreach for Participants

Instructions:

Enter the percentage of homeless person(s) who will be served by the proposed project for each of the following locations: This is a required field. The population to be served must meet program eligibility requirements in 24 CFR 578 and additional eligibility requirements in both the FY 2013 – FY 2014 CoC Program NOFA and FY 2014 Funding Notice for permanent supportive housing and rapid re-housing. To complete this table, enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:

- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Homeless persons as defined under other federal statutes (TH and SSO only and HUD approval REQUIRED)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the "Save" button is clicked. A warning message will appear if the total is greater than 100%.

If the total is less than 100 percent, identify how the persons meet HUD's definition of homeless and the project type eligibility requirements: This field is required if the total percentage calculate above is less than 100 percent. If required, explain where the unaccounted for participants will come from. All participants served in CoC Program funded projects must meet eligibility criteria set forth in the CoC Program interim rule and the FY 2014 Funding Notice.

Describe the outreach plan to bring these homeless participants into the project: This field is required. Describe how the applicant/subrecipient plans to bring homeless persons into the project. Also describe the contingency plan that the applicant/subrecipient will implement if the project experiences difficulty in meeting the requirements to serve exclusively chronically homeless individuals and/or families. The contingency plan may include re-evaluating the intake assessment procedures or outreach plan.

Please note that the definition of Chronic Homelessness qualifies persons as chronically homeless only when they come from the street or other locations not meant for human habitation, emergency shelter, or safe havens. Additionally, to qualify for rapid rehousing, persons may only come from the street or other locations not meant for human habitation, emergency shelter, or safe havens.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Enter the percentage of project participants that will be coming from each of the following locations.

60%	Directly from the street or other locations not meant for human habitation.
40%	Directly from emergency shelters.
	Directly from safe havens.
	From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.

60%	Directly from the street or other locations not meant for human habitation.
	Persons fleeing domestic violence.
100%	Total of above percentages

2. If the total is less than 100 percent, identify how the persons meet HUD's definition of homeless and the project type eligibility requirements.

3. Describe the outreach plan to bring these homeless participants into the project.

In January 2013, the United Way of Greater Los Angeles' Home For Good stakeholders piloted a Coordinated Entry System (CES) for single adults in Skid Row in partnership with fourteen (14) homeless service providers and other agencies, including HACLA, DMH, DHS, HUD, VA, the Los Angeles Homeless Services Authority (LAHSA), and Corporation for Supportive Housing. The successful Skid Row Pilot was then expanded countywide to all eight (8) County Service Planning Areas (SPAs).

With the CES, homeless persons are assessed and prioritized for housing. The assessment tool used by the Los Angeles CES is the Vulnerability Index-Service Prioritization and Decision Assistance Tool (VI-SPDAT). The VI-SPDAT has been recognized by HUD and embraced by more than 100 communities across the country as a reliable way to assess the housing/service needs of homeless persons and prioritize those with the most acute needs for the most intensive interventions, like Permanent Supportive Housing. The CES teams have focused outreach and assessment on those individuals likely to be chronically homeless, and more than 6,000 VI-SPDAT assessments have been performed throughout Los Angeles City and County. Outreach teams fan out across the region to locate the homeless where they are--on the streets, under freeways, in riverbed encampments and emergency shelters--to administer the VI-SPAT and enter the clients into the system.

HACLA, DMH and DHS will utilize the L.A. CES to identify CH with the most severe needs for all single adult referrals for this grant. HACLA will monitor its use through protocols developed with the CES SPA Lead agencies. LAHSA, the lead agency for Los Angeles' Continuum of Care, has also developed a coordinated entry system for families. This Homeless Family Solutions System (HFSS) utilizes a similar assessment tool for families and will be utilized in this grant to assist the chronically homeless families with most severe needs.

6A. Standard Performance Measures

Instructions:

Housing Measures: This is a required field. Persons remaining in permanent housing as of the end of the operating year or exiting to permanent housing (subsidized or unsubsidized) during the operating year: Count each participant who is still living in your units supported by your facility as well as clients who have exited your units and moved into another permanent housing situation.

Income Measure: This is a required field where at least one option must be chosen by the project applicant.

- a. Persons age 18 and older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Total income can include all sources, public and private
- b. Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Earned income should only include income from wages and private investments, and not public benefits.

For each measure, enter a number in the blank cells according to the following instructions:
Universe (#): Enter the total number of persons about whom the measure is expected to be reported. The Universe is the total pool of persons that could be affected.

Target (#): Enter the number of applicable clients from the universe who are expected to achieve the measure within the operating year. The Target is the total number of persons from the pool that are affected.

Target (%): This field will be calculated automatically when all required fields are entered and saved. For example, if 80 out of 100 clients are expected to remain in the permanent housing program or exit to other permanent housing, the target % should be "80%."

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Specify the universe and target for the housing measure. Click 'Save' to calculate the target percent (%).

Housing Measure	Target (#)	Universe (#)	Target (%)
a. Persons remaining in permanent housing as of the end of the operating year or exiting to permanent housing (subsidized or unsubsidized) during the operating year.	510	567	90%

2. Choose one income-related performance measure from below, and specify the universe and target numbers for the goal. Click 'Save' to calculate the target percent (%).

Income Measure	Target (#)	Universe (#)	Target (%)
a. Persons age 18 and older who maintained or increased their total income(from all sources) as of the end of the operating year or program exit.	306	547	56%
OR			
b. Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit.			0%

6B. Additional Performance Measures

**Specify up to three additional measures on which the project will report performance in the Annual Performance Report (APR).
To add information to this list, click on the icon and enter the requested information.**

Proposed Measure
This list contains no items

7A. Funding Request

Instructions:

Will it be feasible for the project to be under grant agreement by September 30, 2016: This is a required field. Select "Yes" or "No" to indicate if this project application is awarded if it will be in a position to begin operating by September 30, 2016. The FY 2014 HUD Appropriations Act requires HUD to obligate FY 2014 CoC Program funds by this date. If "No" is selected, or if the deadline is not met may result in the rejection of a grant or the recapture of conditionally awarded funds.

Is the project proposing to use funds reallocated from the CoC's annual renewal demand OR is the project applying for funding through the permanent supportive housing bonus? Select "Reallocation" if this project application was created through the use of funds reallocated from one or more eligible renewal projects. Select "Permanent Supportive Housing Bonus" if this project is applying for permanent supportive housing bonus funds.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select "Yes" or "No" to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult OMB circulars A-122 and A-87 and contact your local HUD office.

Select a grant term: This is a required field. Select the term of the proposed project application. The selection here will determine how the "Summary Budget" will calculate the total funding request. Please refer to the FY 2014 Funding Notice for details concerning grant terms and years of funding for different project types and eligible costs.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budgets for which funding is being requested. The choices available will depend on the project type selected on Screen 3B. The following eligible cost budgets may be listed: acquisition/rehabilitation/new construction, leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities for which the applicant is requesting funding from HUD through the FY 2014 CoC Program competition. NOTE: Permanent supportive housing bonus projects may not request capital costs. They may request scattered site leasing or tenant based rental assistance; or, if and only if, the applicant can demonstrate that it owns a building or units that are ready to be occupied it may instead request operating costs, project based rental assistance, or sponsor based rental assistance.

If you do not see the eligible cost budgets that you expected, you may need to return to Screen "3B. Project Description" to review the type of project selected. See the FY 2014 Funding Notice and the FY 2013 – FY 2014 CoC Program NOFA for additional guidance.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Will it be feasible for the project to be under grant agreement by September 30, 2016? Yes

2. Is the project proposing to use funds reallocated from the CoC's annual renewal demand OR is the project applying for funding through the permanent supportive housing bonus? Permanent Supportive Housing Bonus

3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Select a grant term: 1 Year

5. Select the costs for which funding is being requested:

Acquisition/Rehabilitation/New Construction	<input type="checkbox"/>
Leased Units	<input type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operating	<input type="checkbox"/>
HMIS	<input type="checkbox"/>



Funding_Request HIDDEN

(HIDDEN) Grant Term in years, for use in calculations: 1

(HIDDEN) Grant Term in Months, for use in calculations: 12

Acquisition/Rehabilitation/New Construction (Hidden)	
Supportive Services (Hidden)	X
Rental Assistance (Hidden)	X
Leased Units (Hidden)	
Leased Structures (Hidden)	
Housing Relocation & Stabilization (Hidden)	
Operating (Hidden)	
HMIS (Hidden)	

7E. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the  icon. To view or update information already listed, select the  icon.

Total Request for Grant Term:		\$7,184,412	
Total Units:		547	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	CA - Los Angeles-Long Beach, CA HUD M...	547	\$7,184,412

Rental Assistance Budget Detail

Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2014 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2014 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding "HUD Paid Rent" and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated based on the grant term selected on Screen "7a. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on total annual assistance requested multiplied by the grant term.

Additional Resources can be found at the HUD Exchange:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: CA - Los Angeles-Long Beach, CA HUD Metro FMR Area (0603799999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months			Total Request (Applicant)
SRO		x	\$672	x	12		=	\$0
0 Bedroom		x	\$896	x	12		=	\$0
1 Bedroom	527	x	\$1,083	x	12		=	\$6,848,892

2 Bedrooms	20	x	\$1,398	x	12	=	\$335,520
3 Bedrooms		x	\$1,890	x	12	=	\$0
4 Bedrooms		x	\$2,106	x	12	=	\$0
5 Bedrooms		x	\$2,422	x	12	=	\$0
6 Bedrooms		x	\$2,738	x	12	=	\$0
7 Bedrooms		x	\$3,054	x	12	=	\$0
8 Bedrooms		x	\$3,370	x	12	=	\$0
9 Bedrooms		x	\$3,686	x	12	=	\$0
Total Units and Annual Assistance Requested	547						\$7,184,412
Grant Term							1 Year
Total Request for Grant Term							\$7,184,412

Click the 'Save' button to automatically calculate totals.

7F. Supportive Services Budget

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service. Applicants applying for funding under the Permanent Supportive Housing Bonus must review the FY 2014 Funding Notice for additional restrictions in requesting supportive service costs.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits HUD's understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on an award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated based on the grant term selected on Screen "7A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	36 Case Managers / Case Load Ratio 1:15	\$2,150,000
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		

12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$2,150,000
Grant Term		1 Year
Total Request for Grant Term		\$2,150,000

Click the 'Save' button to automatically calculate totals.

7I. Sources of Match/Leverage

The following list summarizes the funds that will be used as Match or Leverage for the project. To add a Matching/Leverage source to the list, select the icon. To view or update a Matching/Leverage source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	\$0
Total Value of In-Kind Commitments:	\$2,500,000
Total Value of All Commitments:	\$2,500,000

Summary for Leverage

Total Value of Cash Commitments:	\$0				
Total Value of In-Kind Commitments:	\$20,000,000				
Total Value of All Commitments:	\$20,000,000				
Match/ Leverage	Type	Source	Contributor	Date of Commitment	Value of Commitments
Match	In-Kind	Government	LAC-DMH and LAC-DHS	10/10/2014	\$2,500,000
Leverage	In-Kind	Government	LAC-DMH and LAC-DHS	10/10/2014	\$20,000,000

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review rule 24 CFR Part 578, the FY 2014 Funding Notice, and the FY 2013 - FY 2014 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of Source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of Written Commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Leverage screen will populate the Screen "7J. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Will this commitment be used towards match or leverage? Match
2. Type of commitment: In-Kind
3. Type of source: Government
4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable) LAC-DMH and LAC-DHS
5. Date of Written Commitment: 10/10/2014
6. Value of Written Commitment: \$2,500,000

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review rule 24 CFR Part 578, the FY 2014 Funding Notice, and the FY 2013 - FY 2014 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of Source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of Written Commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Leverage screen will populate the Screen "7J. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Will this commitment be used towards match or leverage? Leverage
2. Type of commitment: In-Kind
3. Type of source: Government
4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable) LAC-DMH and LAC-DHS
5. Date of Written Commitment: 10/10/2014
6. Value of Written Commitment: \$20,000,000

7J. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to the field "9. Admin (Up to 10%)."

Admin (Up to 10%): Enter the amount of requested administration funds. The grant will not fund greater than 10% of the request listed in the field "Sub-Total Eligible Costs Request." Additionally, HUD will not fund greater than 7% of the request listed in the field "Sub-Total Eligible Costs Requested," if the CoC received bonus points in the FY 2013 CoC Program competition for submitting all CoC projects at or below 7%. If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is this is the total amount of funding the project applicant will request in the FY 2014 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen "7I. Sources of Match/Leverage" to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen "7I. Sources of Match/Leverage" to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field "Total Eligible Costs Request" minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen "7I. Sources of Match/Leverage" to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

Eligible Costs			Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	
2a. Leased Units	\$0	1 Year	\$0
New Project Application FY2014		Page 60	10/28/2014

2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$7,184,412	1 Year	\$7,184,412
4. Supportive Services	\$2,150,000	1 Year	\$2,150,000
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$9,334,412
8. Admin (Up to 10%)			\$653,409
9. Total Assistance Plus Admin Requested			\$9,987,821
10. Cash Match			\$0
11. In-Kind Match			\$2,500,000
12. Total Match			\$2,500,000
13. Total Budget			\$12,487,821

Click the 'Save' button to automatically calculate totals.

8A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 8A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected "No CoC" on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan.

If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	DMH / DHS Leverag...	10/28/2014
3) Other Attachment(s)	No	Code of Conduct	10/28/2014
2) Other Attachment(s)	No	HUD Forms/Docs/Le...	10/28/2014

Attachment Details

Document Description: DMH / DHS Leverage & Match Letters

Attachment Details

Document Description: Code of Conduct

Attachment Details

Document Description: HUD Forms/Docs/Letter

8B. Applicant Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.**15-Year Operation Rule.**

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: Douglas Guthrie

Date: 10/28/2014

Title: President and CEO

Applicant Organization: HOUSING AUTHORITY OF THE CITY OF LOS ANGELES (HACLA)

PHA Number (For PHA Applicants Only): CA004

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

X

9B. Submission Summary

Page	Last Updated
1A. Application Type	No Input Required
1B. Legal Applicant	No Input Required
1C. Application Details	No Input Required
1D. Congressional District(s)	10/26/2014
1E. Compliance	10/23/2014
1F. Declaration	10/22/2014
2A. Subrecipients	10/28/2014
2B. Experience	10/28/2014
3A. Project Detail	10/22/2014
3B. Description	10/28/2014
3C. Expansion	10/23/2014
4A. Services	10/27/2014
4B. Housing Type	10/27/2014
5A. Households	10/27/2014
5B. Subpopulations	No Input Required
5C. Outreach	10/26/2014
6A. Standard	10/27/2014
6B. Additional Performance Measures	No Input Required
7A. Funding Request	10/22/2014
7E. Rental Assistance	10/27/2014
7F. Supp Srvcs Budget	10/23/2014
7I. Match/Leverage	10/28/2014
7J. Summary Budget	No Input Required
8A. Attachment(s)	10/28/2014
8B. Certification	10/23/2014



LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
550 S. VERMONT AVE., LOS ANGELES, CA 90020 HTTP://DMH.LACOUNTY.GOV



MARVIN J. SOUTHARD, D.S.W.
Director
ROBIN KAY, Ph.D.
Chief Deputy Director
RODERICK SHANER, M.D.
Medical Director

October 10, 2014

Douglas Guthrie
President and CEO
Housing Authority of the City of Los Angeles (HACLA)
2600 Wilshire Blvd.
Los Angeles, CA 90057

Re: HACLA Permanent Supportive Housing (PSH) Bonus Program

Dear Mr. Guthrie:

This letter provides documentation that Los Angeles County Department of Mental Health (DMH) is self-certifying that DMH will provide in-kind leverage of 200% of grant funding up to \$10,000,000. The leverage will be met through supportive and health services that will be provided to DMH participants on the program during the grant period 07/01/15 through 06/30/16. The Department understands that the leveraged \$10,000,000 in services will be utilized to meet the match requirements set forth in the Notice of Funding Availability (NOFA) for the Fiscal Year 2014 Continuum of Care Program Competition.

If you have any questions or concerns, please contact me or your staff may contact Maria Funk, Ph.D. at (213) 251-6582, or by e-mail at mfunk@dmh.lacounty.gov.

Sincerely,

Marvin J. Southard, D.S.W.
Director

MJS:MF:as

c: Maria Funk, Ph.D.



LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
550 S. VERMONT AVE., LOS ANGELES, CA 90020 HTTP://DMH.LACOUNTY.GOV



MARVIN J. SOUTHARD, D.S.W.
Director
ROBIN KAY, Ph.D.
Chief Deputy Director
RODERICK SHANER, M.D.
Medical Director

October 10, 2014

Douglas Guthrie
President and CEO
Housing Authority of the City of Los Angeles (HACLA)
2600 Wilshire Blvd.
Los Angeles, CA 90057

Re: HACLA Permanent Supportive Housing (PSH) Bonus Program

Dear Mr. Guthrie:

We are pleased to present the following confirmation of leverage contribution to your PSH Bonus Program.

Maria Funk
Representative of Issuing Company

Name of Organization Providing Contribution	LA County Department of Mental Health
Leverage	In-Kind
Type of Contribution	Supportive and Health Services
Numbers of Individuals to be Served with the Contribution	272
Value of the Contribution per Individual	\$36,765
Total Value of the Contribution	\$10,000,000
Name of Project	PSH Bonus
Name of Project Sponsor Organization	Housing Authority of the City of Los Angeles
Date the Contribution will be available	07/01/15 through 06/30/16
Name of Person Authorized to Commit This Contribution	Marvin J. Southard, D.S.W.
Title of Person Authorized to Commit This Contribution	Director
Signature of Person Authorized to Commit This Contribution	<i>Robin Kay for Marvin J. Southard</i>
Date	10/10/14



LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
550 S. VERMONT AVE., LOS ANGELES, CA 90020 [HTTP://DMH.LACOUNTY.GOV](http://dmh.lacounty.gov)



MARVIN J. SOUTHARD, D.S.W.
Director
ROBIN KAY, Ph.D.
Chief Deputy Director
RODERICK SHANER, M.D.
Medical Director

October 10, 2014

Douglas Guthrie
President and CEO
Housing Authority of the City of Los Angeles (HACLA)
2600 Wilshire Blvd.
Los Angeles, CA 90057

Re: HACLA Permanent Supportive Housing (PSH) Bonus Program

Dear Mr. Guthrie:

This letter provides documentation that Los Angeles County Department of Mental Health (DMH) is self-certifying that DMH will provide in-kind match of 25% of grant funding up to \$1,250,000. The match will be met through supportive services that will be provided to DMH participants on the program during the grant period 07/01/15 through 06/30/16. The Department understands that the match amount will be utilized to meet the requirements set forth in the Notice of Funding Availability (NOFA) for the Fiscal Year 2014 Continuum of Care Program Competition.

If you have any questions or concerns, please contact me or your staff may contact Maria Funk, Ph.D. at (213) 251-6582, or by e-mail at mfunk@dmh.lacounty.gov.

Sincerely,

Marvin J. Southard, D.S.W.
Director

MJS:MF:as

c: Maria Funk, Ph.D.



LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
550 S. VERMONT AVE., LOS ANGELES, CA 90020 HTTP://DMH.LACOUNTY.GOV



MARVIN J. SOUTHARD, D.S.W.
Director

ROBIN KAY, Ph.D.
Chief Deputy Director

RODERICK SHANER, M.D.
Medical Director

October 10, 2014

Douglas Guthrie
President and CEO
Housing Authority of the City of Los Angeles (HACLA)
2600 Wilshire Blvd.
Los Angeles, CA 90057

RE: HACLA Permanent Supportive Housing (PSH) Bonus Program

Dear Mr. Guthrie:

We are pleased to present the following confirmation of in-kind match contribution to your PSH Bonus Program.

Maria Funk
Representative of Issuing Company

Name of Organization Providing Contribution	LA County Department of Mental Health
Match	In-Kind
Type of Contribution	Supportive Services
Numbers of Individuals to be Served with the Contribution	272
Value of the Contribution per Individual	\$4,596
Total Value of the Contribution	\$1,250,000
Name of Project	PSH Bonus
Name of Project Sponsor Agency	Housing Authority of the City of Los Angeles
Date the Contribution will be available	07/01/15 through 06/30/16
Name of Person Authorized to Commit This Contribution	Marvin J. Southard, D.S.W.
Title of Person Authorized to Commit This Contribution	Director
Signature of Person Authorized to Commit This Contribution	<i>Robin Kay for Marvin J. Southard</i>
Date	10/10/14



Health Services
LOS ANGELES COUNTY

**Los Angeles County
Board of Supervisors**

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Second District

Zev Yaroslavsky
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Don Knabe
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Strategic Planning Deputy Director

313 N. Figueroa Street, Suite 704
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Tel: (213)240-8363
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patient-centered, cost-effective
health care to Los Angeles County
residents through direct services at
DHS facilities and through
collaboration with community and
university partners.*



www.dhs.lacounty.gov

October 10, 2014

Douglas Guthrie
President and CEO
Housing Authority of the City of Los Angeles
2600 Wilshire Blvd.
Los Angeles, CA 90057

Re: HACLA Permanent Supportive Housing (PSH) Bonus Program

Dear Mr. Guthrie:

This letter provides documentation that the Los Angeles County Department of Health Services is committing cash and in-kind LEVERAGING of \$10 million to the HACLA PSH Bonus Program covering the GRANT period of July 1, 2015 through June 30, 2016.

We understand that this commitment to the HACLA PSH Bonus Program will be utilized to support cash and in-kind leveraging as set forth in the Notice of Funding Availability (NOFA) for the Fiscal Year (FY) 2014 Continuum of Care Program Competition.

Please contact us if you need any additional information.

Sincerely,

Marc Trotz

Director, Housing for Health, LA County Department of Health Services



Health Services
LOS ANGELES COUNTY

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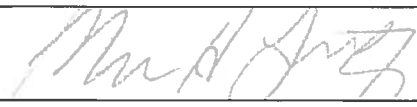
www.dhs.lacounty.gov

Douglas Guthrie
President and CEO
Housing Authority of the City of Los Angeles
2600 Wilshire Blvd.
Los Angeles, CA 90057

Re: HACLA PSH Bonus Program

Dear Mr. Guthrie,

We are pleased to present the following commitment of leverage to your PSH Bonus Program.

Name of Organization Providing Contribution	Los Angeles County Department of Health Services
Leverage (Cash or In-Kind)	In-Kind
Type of Contribution (Services, etc.)	Services
Numbers of Individuals to be Served with the Contribution	275
Value of the Contribution per Individual	\$36,363.64
Total Value of the Contribution	\$10,000,000
Name of Project	PSH Bonus
Name of Project Sponsor Organization	Housing Authority of the City of Los Angeles
Date the Contribution will be available	July 1, 2015 through June 30, 2016
Name of Person Authorized to Commit This Contribution	Marc Trotz
Title of Person Authorized to Commit This Contribution	Director, Housing for Health
Signature of Person Authorized to Commit This Contribution	
Date	October 10, 2014



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university partners.*

October 10, 2014

Douglas Guthrie
President and CEO
Housing Authority of the City of Los Angeles
2600 Wilshire Blvd.
Los Angeles, CA 90057

Re: HACLA Permanent Supportive Housing (PSH) Bonus Program

Dear Mr. Guthrie:

This letter provides documentation that Los Angeles County Department of Health Services is committing cash and in-kind MATCH of \$1,250,000 to the HACLA PSH Bonus Program covering the GRANT period of July 1, 2015 through June 30, 2016.

We understand that the funding provided by us to the HACLA PSH Bonus Program will be utilized to support cash and in-kind match requirements set forth in the Notice of Funding Availability (NOFA) for the Fiscal Year (FY) 2014 Continuum of Care Program Competition.

Please contact us if you need any additional information.

Sincerely,

Marc Trotz

Director, Housing for Health, LA County Department of Health Services



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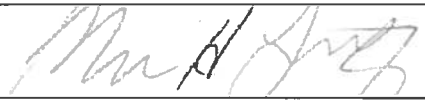
www.dhs.lacounty.gov

Douglas Guthrie
President and CEO
Housing Authority of the City of Los Angeles
2600 Wilshire Blvd.
Los Angeles, CA 90057

Re: HACLA PSH Bonus Program

Dear Mr. Guthrie,

We are pleased to present the following commitment of match to your PSH Bonus Program.

Name of Organization Providing Contribution	Los Angeles County Department of Health Services
Match (Cash or In-Kind)	In-Kind
Type of Contribution (Services, etc.)	Services
Numbers of Individuals to be Served with the Contribution	275
Value of the Contribution per Individual	\$4,545.45
Total Value of the Contribution	\$1,250,000
Name of Project	PSH Bonus
Name of Project Sponsor Organization	Housing Authority of the City of Los Angeles
Date the Contribution will be available	July 1, 2015 through June 30, 2016
Name of Person Authorized to Commit This Contribution	Marc Trotz
Title of Person Authorized to Commit This Contribution	Director, Housing for Health
Signature of Person Authorized to Commit This Contribution	
Date	October 10, 2014



HOUSING AUTHORITY OF THE CITY OF LOS ANGELES
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COMMISSIONERS
ELENORE A. WILLIAMS, *Chairperson*

EXECUTIVE DIRECTOR
RUDOLF MONTIEL

HOUSING AUTHORITY OF THE CITY OF LOS ANGELES CODE OF CONDUCT

The Department of Housing and Urban Development (HUD) competitive funding Notice of Funding Availability (NOFAs) states that an applicant must provide a copy of a Code of Conduct. The Housing Authority's Manual of Policy and Procedures (MPP) has addressed the required subjects in accordance with the HUD requirements for a Code of Conduct. Those policies, adopted by the Board of Commissioners, have been brought together, with this preface on letterhead that provides a mailing address, authorized official name, and telephone number, per HUD's requirements.

The policy and procedures in the MPP have been duly approved and adopted by the Authority's Board of Commissioners. Sections 108:09; 108.1; and 109.1 meet the requirements specified by HUD for Code of Conduct which must:

1. Prohibit the solicitation and acceptance of gifts or gratuities by officers, employees, and agents for their personal benefit in excess of minimal value; and
2. Outline administrative and disciplinary actions available to remedy violations of such standards,

To ensure that all officers, employees and agents of the organization are aware of the Code of Conduct, these sections are provided in hard copy in the Personnel Rules to all employees upon employment. Further, these Sections are included in the Manual of Policies and Procedures and the Personnel Rules, both of which are posted on the Housing Authority's Intranet.

OUTSIDE ACTIVITIES AND INTERESTS

Sec. 108:1301. POLITICAL ACTIVITY.

The Policy of the Authority regarding the political activities of its employees shall be to recognize and conform with the provisions of the Hatch Act.

Sec. 108:1302. CONFLICT OF INTEREST.

It is the basic policy of the Authority not to abridge any employee's civil or political liberties or other constitutionally guaranteed rights. However, the Authority is obligated to take reasonable steps to protect the public interest and Authority policy requires employees to refrain from participating in activities or enterprises which are in conflict with the public interest or with their duties as employees of the Authority. It will be the responsibility of every employee to notify the Executive Director of any potential conflict of interest.

Sec. 108:1303. RELATIONS WITH CONTRACTORS, VENDORS AND TENANTS.

All employees are hereby placed on notice to avoid contractual relationships with contractors, firms, or other organizations who, without prior approval of the Authority in or during the performance of any contract with the Authority in or during the performance of any contract with the Authority, employs or offers to employ employees of the Authority. The acceptance of any form of earned or unearned gift or emolument from active or prospective contractors, vendors and/or tenants shall be considered to be in conflict with the best interests of the Authority, and employees who accept said gift of emolument shall be subject to disciplinary action pursuant to the provisions of Section 108:09.

Sec. 108:1304. OUTSIDE EMPLOYMENT.

With approval of the Department Head, employees may engage in outside employment that is not in conflict with the interests of the Authority. Employees are required to have on file a notification of outside employment form with their respective department heads. Notification forms will be reviewed semi-annually by the Executive Director or designee.

DISCIPLINE

Sec. 108:0901. DEFINITIONS.

- (a) "Suspension" means either the temporary removal of an employee from such employee's position without pay as a disciplinary measure; or the removal of an employee during investigation of charges pending dismissal.
- (b) "Discharge" means the separation, dismissal, or removal of an employee from the service of the Authority for cause.
- (c) "Demotion" means a reduction in classification and pay for cause.

Sec. 108:0902. AUTHORITY TO SUSPEND, DEMOTE OR DISCHARGE.

Responsible supervisors for cause may suspend, demote, or discharge employees under their jurisdiction subsequent to notifying the appropriate Department Head and Personnel Department of such action and further, subject to the provisions of this section.

Sec. 108:0903. CAUSES FOR SUSPENSION, DEMOTION, OR DISCHARGE.

No employee having permanent status may be suspended, demoted, or discharged except for cause. Examples of specific causes which meet this requirement are as follows:

- (a) Incompetency, inefficiency, insubordination, discourteous treatment to the public or fellow employees, or any other adverse failure of personal conduct which is in conflict with or otherwise adversely affects the best interests of the Authority; provided, that upon demand of the accused employee, specific instances must set forth as to any cause enumerated under this heading.
- (b) Habitual and/or excessive use of alcoholic beverages; drinking alcoholic beverages on the job or on Authority property or reporting for duty in an intoxicated condition.
- (c) Use of possession for use or sale of illegal narcotics or controlled substances on the job or on Authority property.
- (d) Receipt of a performance rating below the point set by the Executive Director as "acceptable" provided the rating is supported by proof of the factors on which it is based.
- (e) Participation in political activity or solicitation of political recommendations on Authority property or any other political activity in contravention of the Hatch Act as amended.

DISCIPLINE

- (f) Conviction of a crime which bears a direct relationship to the position in which an employee is employed.
- (g) Habitual absenteeism or tardiness from work or abuse of sick leave privileges.
- (h) Incapacity to perform prescribed duties and/or tasks, when no reasonable accommodation can be provided.
- (i) An indebtedness status which is in conflict with or otherwise adversely affects the best interests of the Authority. Three (3) processed garnishments within one (1) year shall be considered contrary to the Authority's best interest under this provision.
- (j) Making of material false representations in connection with employment, retention, or promotion by the Authority, including falsification of statements on the Application for Employment form.
- (k) Purposeful disclosure of bids in advance of bid openings.
- (l) Willful violation of any part of these rules.
- (m) Employment in addition to that of the Authority which is in conflict with the best interests of the Authority.
- (n) Any fraternization with tenants detrimental to the landlord-tenant relationship or which otherwise tends to compromise the Authority's fiduciary relationship with its tenants.
- (o) Participation in any monetary transaction in the form of wagering, gambling or games of chance, whether legal or not, on Authority premises.

Sec. 108:0904. DISCHARGE, DEMOTION, AND SUSPENSION PROCEDURE.

- (a) Notice of intent. Whenever a responsible supervisor intends to suspend for five (5) days or more, demote or discharge a permanent employee, the supervisor shall notify the Personnel Department and give the employee a written Notice of Intent to Discipline which states:
 - 1. The discipline action intended.
 - 2. The specific charges upon which the charges are based.
 - 3. Notice of the employee's right to respond to the charges either orally or in writing to a responsible supervisor.
 - 4. The employee's right to review and copy all the material upon which the intended discipline is based.

DISCIPLINE

5. The date, time, and person before whom the employee may respond in no less than five (5) days.
6. Notice that failure to respond at the time specified shall constitute a waiver of the right to respond.

(b) Final Notice. If, after the response or the expiration of the employee's time to respond to the Notice of Intent, the responsible supervisor decides to proceed with disciplinary action, a Final Notice shall be served upon the employee either in person or by mail and shall be effective when served.

Sec. 108:0905. REMOVAL OF EMPLOYEE FROM DUTY

- (a) Where retention in active work status would be detrimental to the best interests of the Authority, employee or other employees, the employee may be removed from duty immediately or within less than ten (10) work days after service of the Notice of Intent. However, such removal shall not cause the employee loss of pay or benefits except as provided in (b) of this section.
- (b) When the employee has committed an overt act of misconduct which posed or continues to pose a clear and present threat to the health and safety of persons on property owned or managed by the Authority, such employee may be removed immediately from duty and from pay status.

PURCHASING & CONTRACTING

IX. ETHICS IN PUBLIC CONTRACTING.**A. GENERAL**

HACLA shall adhere to the following code of conduct, consistent with applicable State or local laws.

B. CONFLICT OF INTEREST

No employee, officer or agent of HACLA shall participate directly or indirectly in the selection or in the award or administration of any contract if a conflict, real or apparent, would be involved. Such conflict would arise when a financial or other interest in a firm selected for award is held by:

1. An employee, officer or agent involved in making the award; or,
2. His/her relative (including father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother or half sister); or,
3. His/her partner; or,
4. An organization which employs, is negotiating to employ, or has an arrangement concerning prospective employment, of any of the above.

C. GRATUITIES, KICKBACKS, AND USE OF CONFIDENTIAL INFORMATION

HACLA officers, employees or agents shall not solicit or accept gratuities, favors or anything of monetary value from contractors, potential contractors or parties to subcontracts, and shall not knowingly use confidential information for actual or anticipated personal gain.

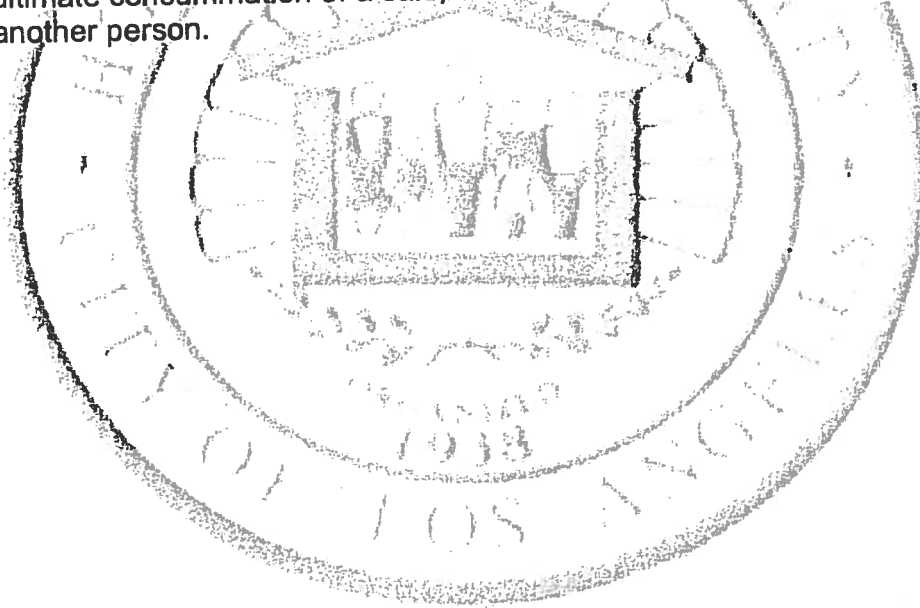
D. PROHIBITION AGAINST CONTINGENT FEES

Contractors shall not retain a person to solicit or secure a HACLA contract for a commission, percentage, brokerage or contingent fee, except for bona fide employees or bona fide established commercial selling agencies.

PURCHASING & CONTRACTING

E. FORMER EMPLOYEES

1. A former HACLA employee, officer or agent shall not knowingly act as a principal or agent for anyone other than HACLA in connection with any contract or claim in which said person participated personally and substantially through decision, approval, disapproval, recommendation, rendering of advice, investigation, or otherwise while a HACLA employee, officer or agent, where HACLA is a party or has a direct and substantial interest.
2. A former HACLA employee or officer shall not engage in selling or attempting to sell supplies, materials, services or equipment to HACLA for a period of one year after such employment ceases. The terms "sell " means signing a bid or proposal; negotiating a contract; contacting any HACLA employee for the purpose of obtaining, negotiating or discussing changes in specifications, price, cost allowances or other terms of a contract; settling contract disputes; or any other liaison activity with a view toward the ultimate consummation of a sale, even if the actual contract is negotiated by another person.





HOUSING AUTHORITY OF THE CITY OF LOS ANGELES
AN EQUAL EMPLOYMENT OPPORTUNITY - AFFIRMATIVE ACTION EMPLOYER
2600 Wilshire Boulevard • Los Angeles, California 90057 • (213) 252-2500
TTY (213) 252-5313

PRESIDENT AND CEO
DOUGLAS GUTHRIE

October 24, 2014

U.S. Department of Housing and Urban Development
HUD Headquarters
Attention: Continuum of Care Programs
Robert C. Weaver Federal Building
451 Seventh Street, SW., Room 7270
Washington, DC 20410

Dear Sir / Madame:

This is to certify our eligibility status to submit applications for the FY 2014 Continuum of Care Rental Assistance Renewal and New Permanent Supportive Housing grants, and the Permanent Supportive Housing Bonus grant.

We are qualified as a Public Housing Authority (PHA) as defined in the Federal Register Program summary chart in Section III.A.3.

Thank you for the opportunity to assist in ending chronic homelessness in the Los Angeles area.

If you have any questions or require further documentation, please contact Carlos VanNatter, Section 8 Assistant Director at (213) 252-6966.

Sincerely,

Douglas Guthrie
President and CEO

DG: PL: CVN: ky

Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing
and Urban Development

OMB Approval No. 2510-0011 (exp. 12/31/2015)

Instructions. (See Public Reporting Statement and Privacy Act Statement and detailed instructions on page 2.)

Applicant/Recipient Information

Indicate whether this is an Initial Report ☒ or an Update Report ☐

1. Applicant/Recipient Name, Address, and Phone (include area code): Housing Authority of the City of Los Angeles 2600 Wilshire Boulevard Los Angeles, CA 90057 (213) 252-1810	2. Social Security Number or Employer ID Number: 95-6001623
3. HUD Program Name Permanent Supportive Housing Bonus	4. Amount of HUD Assistance Requested/Received \$10,000,000.00
5. State the name and location (street address, City and State) of the project or activity:	

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3). <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No.
--	---

If you answered "No" to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form.
However, you must sign the certification at the end of the report.

Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name and Address	Type of Assistance	Amount Requested/Provided	Expected Uses of the Funds

(Note: Use Additional pages if necessary.)

Part III Interested Parties. You must disclose:

- All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
- any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation in Project/Activity	Financial Interest in Project/Activity (\$ and %)

(Note: Use Additional pages if necessary.)

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

Signature: X 	Date: (mm/dd/yyyy) 10/27/14
---	--------------------------------

Certification for a Drug-Free Workplace

U.S. Department of Housing
and Urban Development

Applicant Name

The Housing Authority of the City of Los Angeles

Program/Activity Receiving Federal Grant Funding

HACLA Permanent Supportive Housing Bonus

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Check here ☐ if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.

(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Douglas Guthrie

Title

President & CEO

Signature

X

Date

10/27/14

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): <div style="border: 1px solid black; height: 15px; width: 100%;"></div> * Other (Specify): <div style="border: 1px solid black; height: 15px; width: 100%;"></div>																	
* 3. Date Received: <div style="border: 1px solid black; padding: 2px;">10/27/2014</div>		4. Applicant Identifier: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>																			
5a. Federal Entity Identifier: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>			5b. Federal Award Identifier: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>																		
State Use Only:																					
6. Date Received by State: <div style="border: 1px solid black; width: 100px; height: 15px;"></div>		7. State Application Identifier: <div style="border: 1px solid black; width: 400px; height: 15px;"></div>																			
8. APPLICANT INFORMATION:																					
* a. Legal Name: <div style="border: 1px solid black; padding: 2px;">Housing Authority of the City of Los Angeles</div>																					
* b. Employer/Taxpayer Identification Number (EIN/TIN): <div style="border: 1px solid black; padding: 2px;">95-6001623</div>			* c. Organizational DUNS: <div style="border: 1px solid black; padding: 2px;">0772337320000</div>																		
d. Address:																					
<table style="width: 100%;"><tr><td style="width: 15%;">* Street1:</td><td><div style="border: 1px solid black; padding: 2px;">2600 Wilshire Boulevard</div></td></tr><tr><td>Street2:</td><td><div style="border: 1px solid black; height: 15px; width: 100%;"></div></td></tr><tr><td>* City:</td><td><div style="border: 1px solid black; padding: 2px;">Los Angeles</div></td></tr><tr><td>County/Parish:</td><td><div style="border: 1px solid black; height: 15px; width: 100%;"></div></td></tr><tr><td>* State:</td><td><div style="border: 1px solid black; padding: 2px;">CA: California</div></td></tr><tr><td>Province:</td><td><div style="border: 1px solid black; height: 15px; width: 100%;"></div></td></tr><tr><td>* Country:</td><td><div style="border: 1px solid black; padding: 2px;">USA: UNITED STATES</div></td></tr><tr><td>* Zip / Postal Code:</td><td><div style="border: 1px solid black; padding: 2px;">90057</div></td></tr></table>						* Street1:	<div style="border: 1px solid black; padding: 2px;">2600 Wilshire Boulevard</div>	Street2:	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	* City:	<div style="border: 1px solid black; padding: 2px;">Los Angeles</div>	County/Parish:	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	* State:	<div style="border: 1px solid black; padding: 2px;">CA: California</div>	Province:	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	* Country:	<div style="border: 1px solid black; padding: 2px;">USA: UNITED STATES</div>	* Zip / Postal Code:	<div style="border: 1px solid black; padding: 2px;">90057</div>
* Street1:	<div style="border: 1px solid black; padding: 2px;">2600 Wilshire Boulevard</div>																				
Street2:	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>																				
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* State:	<div style="border: 1px solid black; padding: 2px;">CA: California</div>																				
Province:	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>																				
* Country:	<div style="border: 1px solid black; padding: 2px;">USA: UNITED STATES</div>																				
* Zip / Postal Code:	<div style="border: 1px solid black; padding: 2px;">90057</div>																				
e. Organizational Unit:																					
Department Name: <div style="border: 1px solid black; padding: 2px;">Section 8</div>			Division Name: <div style="border: 1px solid black; padding: 2px;">Special Programs Administratio</div>																		
f. Name and contact information of person to be contacted on matters involving this application:																					
Prefix: <div style="border: 1px solid black; padding: 2px;">Mr.</div>		* First Name: <div style="border: 1px solid black; padding: 2px;">Carlos</div>																			
Middle Name: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>																					
* Last Name: <div style="border: 1px solid black; padding: 2px;">VanNatter</div>																					
Suffix: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>																					
Title: <div style="border: 1px solid black; padding: 2px;">Assistant Director</div>																					
Organizational Affiliation: <div style="border: 1px solid black; height: 15px; width: 100%;"></div>																					
* Telephone Number: <div style="border: 1px solid black; padding: 2px;">(213) 252-6966</div>			Fax Number: <div style="border: 1px solid black; padding: 2px;">(213) 252-2650</div>																		
* Email: <div style="border: 1px solid black; padding: 2px;">Carlos.VanNatter@hacla.org</div>																					

Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:

L: Public/Indian Housing Authority

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

U.S. Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.267

CFDA Title:

Continuum of Care Rental Assistance

* 12. Funding Opportunity Number:

FR-5800-N-30

* Title:

FY 2014 Permanent Supportive Housing Bonus

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

2014 Continuum of Care Permanent Supportive Housing Bonus application for the Housing Authority of the City of Los Angeles.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="10,000,000.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="10,000,000.00"/>

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on
- ☒ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)

☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:



* Date Signed:

10/27/14

PROJECT NAME	PROJECT NUMBER	PROJECT ADDRESS	CONGRESSIONAL DISTRICT(S) (All CA-)	FUNDING REQUEST
A Community of Friends - Vandome Apartments	CA1220L9D001301	975 N. Vendome St. Los Angeles, CA 90026	31	\$ 414,308
ACOF - Brandon Apts.	CA0917L9D001304	735 Hartford St. Los Angeles, CA 90017	34	\$ 394,779
ACOF - Fox Normandie	CA0335L9D001306	849 S. Normandie Ave. Los Angeles, CA 90005	31	\$ 132,213
ACOF - Gateway Hotel	CA0783L9D001305	444 N. Hoover Street Los Angeles, CA 90004	31	\$ 293,047
ACOF - Vista, 39 West, Fig. Ct., Parker	CA0336L9D001306	Scattered Sites	31, 33, 34, 35	\$ 1,548,055
ACOF - Woodland Terrace	CA0916L9D001304	15532 Nordhoff Street Los Angeles, CA 91343	27	\$ 530,485
Hillview - Hillview Village	CA0392L9D001306	12408 Van Nuys Blvd A & B Pacoima, CA 91331	28	\$ 136,361
Hillview Mental Health Ctr - Hillview Village	CA0391L9D001306	12408 Van Nuys Blvd A & B Pacoima, CA 91331	28	\$ 248,749
Hillview Mental Health Ctr - Scattered Sites	CA0393L9D001306	TRA	28	\$ 195,373
Hollywood Community - Bungalow Counts	CA0326L9D001301	Scattered Sites	31	\$ 184,614
Hollywood Community - Scattered Sites	CA0395L9D001306	Scattered Sites	31	\$ 1,216,988
Housing Authority of the City of Los Angeles - SRA	CA0324L9D001301	Scattered Sites	28, 31, 33, 34, 35, 36	\$ 1,170,969
L.A. County DMH - Scattered Sites	CA0405L9D001306	TRA	25, 27, 28, 29, 30, 31, 33, 34, 36, 37, 39, 46	\$ 3,987,565
LAMP, Inc. - Scattered Sites	CA0408L9D001306	Scattered Sites	33	\$ 202,102
LAMP, Inc., - LAMP Lodge	CA0407L9D001306	660 Stanford Ave. Los Angeles, CA 90013	33	\$ 141,471
National Mental Health - Mental Health Association	CA0420L9D001306	1925 Washington Blvd Los Angeles, CA 90018	36	\$ 202,102
OPCC - Various Locations	CA0920L9D001304	TRA	27, 28, 30, 33, 35, 36	\$ 854,759
Portals/Pacific Clinics - Various Locations	CA0438L9D001306	TRA	27, 28, 31, 33, 34, 35	\$ 268,472
Project New Hope - Hoover and Nyumba Apts.	CA0444L9D001306	Scattered Sites	33	\$ 417,005
Project New Hope - Norlin: Lockwood	CA0445L9D001306	Scattered Sites	33	\$ 291,237
Project New Hope - Tripp House	CA0921L9D001304	1130-1136 Palos Verdes St. San Pedro, CA 90731	33	\$ 48,843
Skid Row Housing Trust - Abbey Apartments	CA1051L9D001303	625 S. San Pedro St. Los Angeles, CA 90014	34	\$ 454,729
Skid Row Housing Trust - Samaritan Grant	CA1217L9D001301	521 & 625 S. San Pedro St. Los Angeles, CA 90014	34	\$ 1,192,399
Skid Row Housing Trust - Scattered Sites	CA0464L9D001306	Scattered Sites	34	\$ 2,083,290
Skid Row Housing Trust - Skid Row Collaborative	CA0797L9D001305	Scattered Sites	34	\$ 1,977,707
Skid Row Housing Trust - St. George Hotel 1	CA1216L9D001301	115 E. 3rd Street Los Angeles, CA 90013	34	\$ 522,716
Skid Row Housing Trust - St. George Hotel 2-SG	CA1224L9D001301	115 E. 3rd Street Los Angeles, CA 90013	34	\$ 151,576
Special Services for Groups - TRA	CA0328C9D000800	TRA	30, 31, 34, 35	\$ 64,611
Special Services for Groups - TRA	CA0798L9D001305	TRA	30, 31, 34, 35	\$ 714,957
Special Services for Groups - Various Sites	CA0472L9D001306	Scattered Sites	30, 31, 34, 35	\$ 293,535
SRO Housing - Brownstone Hotel	CA1049L9D001303	427 E 5th Street Los Angeles, CA 90013	34	\$ 474,939
SRO Housing - Eugene Hotel	CA0799L9D001305	560 Stanford Avenue Los Angeles, CA 90013	34	\$ 434,518
SRO Housing - Lyndon House	CA1050L9D001303	417 E 7th Street Los Angeles, CA 90014	34	\$ 586,120
SRO Housing - Scattered Sites	CA0473L9D001306	Scattered Sites	34	\$ 1,651,481
St. Joseph Center - Scattered Sites	CA0474L9D001306	Scattered Sites	25, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 39, 46	\$ 826,601
St. Joseph Center - TRA	CA0329C9D000800	TRA	25, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 39, 46	\$ 267,547
Venice Community Housing Corp. - Scattered Sites	CA0519L9D001306	Scattered Sites	33	\$ 340,632
Watts Labor CAC - McCoy Plaza	CA0923L9D001304	9320 Success Avenue Los Angeles, CA 90002	35	\$ 322,412

K

Housing Authority of the City of Los Angeles - Supportive Housing Bonus	New Project	TRA	25, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 39, 46	\$ 9,995,424
L.A. County DMH - Multidisciplinary Integrated Teams	New Project	TRA	25, 27, 28, 29, 30, 31, 33, 34, 36, 37, 39, 46	\$ 1,293,232
L.A. Family Housing - SPA 2 Welcome Home Project	New Project	TRA	25, 28, 29, 30, 33, 34	\$ 324,518
San Fernando Valley Community Mental Health Center - FY2014 PSH TRA	New Project	TRA	25, 28, 29, 30, 33, 34	\$ 287,616
Special Services for Groups - SPA 6 CES	New Project	TRA	30, 31, 34, 35	\$ 801,730

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OMB

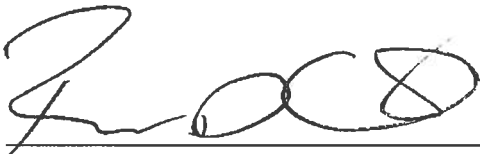
0348-0046

(See reverse for public burden disclosure.)

1. Type of Federal Action: <input checked="checked" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance		2. Status of Federal Action: <input checked="checked" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award		3. Report Type: <input checked="checked" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____	
4. Name and Address of Reporting Entity: <input checked="checked" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: HOUSING AUTHORITY CITY OF LOS ANGELES SECTION 8 - SPA DEPT 2600 WILSHIRE BLVD 2ND FLOOR LOS ANGELES CA 90057 Congressional District, if known: 4c CA-24			5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:		
6. Federal Department/Agency: U.S. Department of Housing and Urban Development			7. Federal Program Name/Description: Continuum of Care Rental Assistance CFDA Number, if applicable: 14.267		
8. Federal Action Number, if known: FR-5800-N-30			9. Award Amount, if known: \$		
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):			b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):		
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.			Signature: <u>Doug Guthrie</u> Print Name: <u>DOUG GUTHRIE</u> Title: <u>PRESIDENT + CEO, HACLA</u> Telephone No.: <u>213-252-1816</u> Date: <u>10/27/14</u>		
Federal Use Only:				Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)	

**Certification by State or Local Official of PHA Plans Consistency with the
Consolidated Plan**

I, Rushmore D. Cervantes the General Manager certify that the Five Year and
Annual PHA Plan of the Housing Authority of the City of L.A. is consistent with the Consolidated Plan of
The City of Los Angeles prepared pursuant to 24 CFR Part 91.



Signed / Dated by Appropriate State or Local Official

NOW, THEREFORE, in consideration of the mutual covenants, benefits and promises herein stated, the parties hereto agree as follows:

1. DEFINITIONS

A. Eligible Person: A homeless person with disabilities (primarily persons who are seriously mentally ill; have chronic problems with alcohol, drugs, or both; or have AIDS and related diseases) and, if also homeless, the family of such a person. To be eligible for assistance, persons shall be Very Low-Income.

B. Very Low-Income: An annual income not in excess of fifty percent (50%) of the median income for the area, as determined by the U.S. Department of Housing and Urban Development ("HUD"), with adjustments for smaller and larger families.

C. Chronically homeless means:

(1) An individual who:

(i) Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and

(ii) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and

(iii) Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;

(2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in sub-paragraph (1) of this definition, before entering that facility; or

(3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in sub-paragraph (1) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

D. Continuum of Care Bonus Proposal: The proposal submitted by the Authority in response to the supportive housing bonus provision made available by HUD in the 2014 Super-NOFA.

E. Commitment Letter: The letter(s) of commitment for the Agreement submitted by the Service Provider indicating that the Service Provider will provide the services/activities listed in the Original Continuum of Care Program proposal. **(Exhibit A)**

F. Participant: An Eligible Person who has been selected to participate in the program.

G. Continuum of Care Requirements: The Continuum of Care (Title IV, Subtitle F of the McKinney-Vento Homeless Assistance Act, as amended), regulations (24 CFR Part 578) **(Exhibit B)**, the HUD Notice of Funding Availability under which the Authority was awarded the grant of funds for this project and the provisions of the Continuum of Care Program Grant Agreement (the "Grant Agreement") executed by the Authority and HUD, and related HUD notices and directives, as applicable.

H. Tenant-Based Rental Assistance: Rental assistance provided to Participants in the Continuum of Care program, to be used for permanent housing. The rental assistance permits Participants to choose housing of an appropriate size. Participants retain the rental assistance if they change residences.

2. PARTIES. The parties to this Agreement are:

A. The Authority: The Housing Authority of the City of Los Angeles, a public body, corporate and politic under the laws of the State of California, having its principal office at 2600 Wilshire Blvd., 3rd Floor, Los Angeles, Ca 90057.

B. County (Department of Health Services): The County of Los Angeles, a public body, corporate and politic under the laws of the State of California, having principal office at 313 N. Figueroa St., Suite 704, Los Angeles, Ca 90012.

3. EFFECTIVE DATE AND TERM OF THE AGREEMENT

A. Effective Date of Agreement. The effective date of this Agreement is September 1, 2015.

C. Term of Agreement. The term of this Agreement begins on the effective date of the Agreement, and ends on August 31, 2016.

4. SERVICE PROVIDER'S RESPONSIBILITIES

A. SCOPE OF WORK. The Service Provider will carry out the activities listed in the Continuum of Care Bonus Proposal, in accordance with the Continuum of Care Program Requirements, whether or not specifically referenced in this Agreement. All elements of the Continuum of Care Bonus Proposal including, without limitation, the commitment of supportive services the Service Provider will provide and the means of fulfilling match requirements are attached as Exhibit A and incorporated into this Agreement. Notwithstanding any provisions of the Continuum of Care Bonus Proposal/Commitment Letter to the contrary, the Service Provider will carry out the activities for which it is responsible in compliance with applicable provisions of the Program.

B. OUTREACH. Outreach and prioritization of this group will be done by the Continuum of Care Program's Coordinated Assessment System which the Service Provider will utilize to identify program participants. After initial and on-going health and supportive service needs assessment, clients will be offered a range of physical and mental health services, including case management, individual and group counseling, crisis intervention and medical support.

C. SUPPORTIVE SERVICES

i. Matching Requirement.

1. *In general.* The Service Provider must match all grant funds, except for leasing funds, with no less than 25 percent of funds and / or in-kind contributions from other sources. For Continuum of Care geographic areas in which there is more than one grant agreement, the 25 percent match must be provided on a grant-by-grant basis. Recipients that are UFAs or are the sole recipient for their Continuum, may provide match on a Continuum-wide basis. Cash match must be used for the costs of activities that are eligible under Subpart D of 24 CFR Part 578 of this part, except that HPCs may use such match for the costs of activities that are eligible under §578.71.
2. *Cash sources.* The Service Provider may use funds from any source, including any other federal sources (excluding Continuum of Care program funds), as well as State, local, and private sources, provided that funds from the source are not statutorily prohibited to be used as a match. The Service Provider must ensure that any funds used to satisfy the matching requirements of this section are eligible under the laws governing the funds in order to be used as matching funds for a grant awarded under this program.

3. *In-kind contributions.* (1) The Service Provider may use the value of any real property, equipment, goods, or services contributed to the project as match, provided that if the Service Provider had to pay for them with grant funds, the costs would have been eligible under Subpart D of 24 CFR Part 578, or, in the case of High-Performing Communities, eligible under 24 CFR 578.71.

The Service Provider shall report to the Authority on compliance with this match requirement in a form and manner specified by the Authority.

The Authority will require payments from the Service Provider, should the Service Provider at any time not be in full compliance with 24 CFR 578.73, Matching Requirements, until the aggregate amount of supportive services at least equals in value the aggregate amount of Tenant-Based Rental Assistance provided by the Authority.

ii. Required Services. With respect to this matching requirement, the Service Provider shall perform the Services and tasks outlined in the Continuum of Care Bonus Proposal, which include, but are not limited to, the following:

- a. Provide integrated case management through which Participants shall receive mental health services, medical services, substance abuse treatment, vocational training, job training services, legal/welfare advocacy, drug and alcohol counseling, and other services through established providers in the immediate neighborhood.

- b. Structured follow-up, including regular meetings with a case manager, to determine progress and identify any emergency issues.

- c. Referral to appropriate services which may include, but not be limited to: Crisis intervention, referrals to legal services, referrals to health and mental health services, referrals to substance abuse counseling and support groups, referrals to education and vocational training programs, and referrals to employment services.

- ii. The Service Provider shall conduct on-going assessments of individual Participants' needs and supportive services, including supportive services designed to assist Participants with their Program compliance.

D. ANNUAL PERFORMANCE REPORTS, QUARTERLY REPORTS, AND OTHER PERTINENT INFORMATION

i. **Annual Performance Reports.** The Service Provider shall submit to the Authority an Annual Performance Report ("APR"), covering the Operating Year as designated by HUD and the Authority. The Service Provider shall submit one (1) APR for each Operating Year. The APRs shall be considered due to the Authority 30 days after the end date of each Operating Year. The format of the APRs shall conform to the most recent template issued by HUD.

ii. **Quarterly Reports.** The Service Provider shall submit Quarterly Reports, documenting the source, amount, and type of supportive services provided, to cover the quarters prescribed by the Operating Year, within 30 days after the end date of each Quarter.

iii. **Other Pertinent Information.** The Service Provider shall furnish any information pertinent to this Agreement as may reasonably be required from time to time by the Authority or HUD.

E. GENERAL OPERATION. The Service Provider shall operate the Program in compliance with HUD requirements for general operation, 24 CFR 578.75, which provide for participation of homeless individuals, ongoing assessment of housing and supportive services, adequate supportive services, and records and reports.

5. THE AUTHORITY'S RESPONSIBILITIES.

A. RENTAL ASSISTANCE. As consideration for the Services to be provided by the Service Provider pursuant to this Agreement, the Authority will provide Tenant-Based Rental Assistance to the Service Provider's clients who are Participants in the Continuum of Care Program. The Authority will pay Tenant-Based Rental Assistance to owners of housing chosen by such Participants. Unless otherwise approved by the Authority, the Authority will provide rental assistance for a maximum of two-hundred-seventy-two (272) households, at any given time for the term of this Agreement.

B. GRANT FUNDED SUPPORTIVE SERVICES.

As consideration for case management services to be provided by the Service Provider to Program Participants, the Authority will pay supportive service funds provided in the Grant Agreement to the Service Provider. The Authority will provide a maximum of \$2,150,000 over the term of this Agreement (\$1,075,000 for DHS Participants and \$1,075,000 for DMH Participants). The Service Provider will subcontract for the case management services. The Service Provider will invoice the Authority, in accord with the Authority's directive, on a monthly basis for the amount of subcontracted case management services provided to Participants.

6. TERMINATION FOR CONVENIENCE. During the term of this Agreement, the Authority or Service Provider may terminate this Agreement upon thirty (30) days prior written notice (the "Notice of Termination"). The Executive Director or designee of each agency is hereby authorized to give said Notice of Termination. The Notice of Termination shall specify the date upon which such termination becomes effective.

7. SUBCONTRACTING. Service Provider shall subcontract some of its responsibilities to subcontractors listed in Exhibit C. However, Service Provider may add additional subcontractors only after receiving prior written approval from the Authority.

8. ASSIGNMENTS. This Agreement or any provision thereof or any right or obligation arising hereunder is not assignable by the Authority or Service Provider in whole or in part without the prior written consent of the other party to this Agreement.

9. DEFAULTS.

A. Any of the following is a default by the Service Provider under this Agreement:

- i.** The Service Provider has committed any fraud or made any false statements to the Authority or HUD in connection with the Agreement, or has committed fraud or made any false statement in connection with any Federal rental assistance program; or
- ii.** A Federal or State proceeding for the relief of debtors is undertaken by or against the Service Provider; or
- iii.** A receiver or trustee is appointed for the Service Provider; or
- iii.** The Service Provider makes an assignment for the benefit of its creditors; or

- v. The Service Provider becomes insolvent, which shall be deemed to have occurred if the Service Provider has ceased to pay its debts in the ordinary course of business or cannot pay its debts as they become due, whether or not the Service Provider has committed an act of bankruptcy or is considered insolvent within the meaning of the federal bankruptcy law; or
- vi. The Service Provider fails or refuses to submit its APR, signed by its Executive Director, within 30 days after the end date of any given Operating Year; or
- vii. The Service Provider fails or refuses to submit its Quarterly Reports within 30 days after the end date of any given Operating Quarter; or
- viii. The Service Provider fails or refuses to furnish any information pertinent to this Agreement as may reasonably be required from time to time by the Authority or HUD; or
- ix. The Service Provider breaches any material terms or violates any material provision of this Agreement, or any other Agreement under the Program, and does not cure such breach or violation within ten (10) calendar days after delivery by the Authority of a written "Notice to Cure Deficiency."

B. If the Authority determines that a default has occurred, the Authority may exercise any of its rights or remedies under the Agreement. The Authority must notify the Service Provider in writing of such determination. The notice by the Authority to the Service Provider may require the Service Provider to take corrective action (as verified by the Authority) by a time prescribed in the notice. The Authority's rights and remedies under the Agreement include the recovery of overpayment, termination or reduction of Tenant-Based Rental Assistance, and termination of the Agreement. The rights and remedies of the Authority set forth in this Paragraph shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Agreement. The Authority's exercise or non-exercise of any remedy for the Service Provider's breach of this Agreement is not a waiver of the right to exercise that remedy or any other right or remedy at any time.

10. AUTHORITY AND SERVICE PROVIDER RELATION TO THIRD PARTIES

A. Injury Resulting from Service Provider Action or Failure to Act. The Authority has not assumed any responsibility for or liability to any person injured as a result of the Service Provider's action or failure to act in connection with the implementation of this Agreement, or as a result of any other action or failure to act by the Service Provider.

B. Legal Relationship. The Service Provider shall, during the performance of this Agreement, act as a wholly independent Service Provider. The Service Provider shall not at any time or in any manner represent that it or any of its officers, employees or agents are in any manner employees of the Authority. Nothing contained in this Agreement shall be deemed, construed or represented by the Authority or the Service Provider or by any third person to create the relationship of principal or agent, or of a partnership, or of a joint venture, or of any other association of any kind or nature between the Authority and the Service Provider. The Service Provider is not the agent of the Authority, and this Agreement does not create or affect any relationship between the Authority and any lender to the Service Provider or any suppliers, employees, Service Providers, or contractors used by the Service Provider in connection with the implementation of this Agreement. The Authority shall not be called upon to assume any liability for the direct payment of any salary, wage or other compensation to any person employed by the Service Provider.

C. Exclusion of Third Party Claims. Nothing in this Agreement shall be construed as creating any right of a Participant or other third party (other than HUD) to enforce any provision of the Agreement, or to assert any claim against the Authority, or the Service Provider under the Agreement.

11. INDEMNIFICATION

A. The Authority and Service Provider shall indemnify, defend and hold harmless, each other, their elected and appointed officers, employees, and agents, from and against any demands, claims, damages, liability, loss, actions, fees, costs, and expenses, including attorneys' fees, or any damage whatsoever, including but not limited to death or injury to any person and damage to any property, resulting from the misconduct, negligent acts, errors or omissions by the other party or any of its officers, employees, servants, agents, successors or assigns related to this Agreement.

B. The Authority does not, and shall not, waive any rights that it may have against the Service Provider by reason of the acceptance by the Authority, or the deposit with the Authority, of any insurance policies or endorsements required pursuant to this Agreement. This indemnification provision shall apply regardless of whether or not said insurance policies or endorsements are determined to be applicable to any claim, demand, damage, liability, loss, cost or expense described above.

12. INSURANCE

The County is self-ensured and have provided documentation that their insurance meets or exceeds the below requirements. As such while the below requires are

not applicable to the County, the County understands there is no such waiver for Service Provider's subcontractors and will ensure such Service Providers Insurance requirements meet the following:

A. During the term of this Agreement, the Service Provider shall, at its own cost and expense, procure and maintain the following types of insurance:

- i.** Statutory Workers' Compensation, as required by the California Labor Code, and Employer's Liability with limits not less than \$1,000,000; and
- ii.** General Liability, including coverage for property damage and independent Service Providers, with limits not less than \$1,000,000 per occurrence; and
- iii.** Motor Vehicle Liability, for owned and not-owned vehicles, with limits not less than \$500,000 per occurrence; and
- iv.** Professional liability insurance with limits not less than \$1,000,000.

B. Notwithstanding the requirements of Paragraph 12, Authority and Service Provider agree that the County's self-insurance program insurance waives its need to procure the insurance listed in the above section. As detailed below, there is no such waiver for Service Provider's subcontractors.

C. If any subcontractor(s) or independent Service Provider(s) is utilized by the Service Provider for the purpose of carrying out portions of this Agreement, said subcontractor(s) or independent Service Provider(s) shall also be required to comply with the insurance provisions set forth in this Paragraph 12 and the indemnification provisions set forth in Paragraph 11 of this Agreement.

13. INDEPENDENT SERVICE PROVIDER STATUS. The Authority and Service Provider shall perform the services as contained herein as independent Service Providers, not as an employee of the other party or under the other party's supervision or control. This Agreement is by and between the Authority and Service Provider, and not intended, and shall not be construed, to create the relationship of agent, servant, employee, partnership, joint venture, or association, between the Authority and Service Provider.

14. INTERPRETATION. No provision of this Agreement is to be interpreted for or against either party because that party or that party's legal representative drafted such provision, but this Agreement is to be construed as if drafted by both parties hereto.

15. CONFLICT OF INTEREST

A. As contemplated by former 24 CFR 85.36(b) (3), the Service Provider will adopt and maintain a written code of standards of conduct governing the performance of employees engaged in the award of administration of Agreements, including without limitation standards that prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or gain.

B. As contemplated by former 24 CFR 85.36(b)(3), the Service Provider covenants that no employee, officer, director, or agent of the Service Provider has participated or will participate in selection, or in the award or administration of a Agreement supported by Federal funds if a conflict of interest, real or apparent, would be involved, including this Agreement and any sub-contracts. Such a conflict would arise when the employee, officer, director or agent, any member of his immediate family, his or her partner, or any organization which employs or is about to employ any of these persons has a financial or other interest in the firm selected for award (including a financial or other interest in the Service Provider with respect to participation in the award of this Agreement). In addition, no officers, directors, employees or agents of the Service Provider will solicit or accept gratuities, favors or anything of monetary value from actual or potential Service Providers, suppliers, parties to subagreements, or persons who are otherwise in a position to benefit from the actions of any officer, director, employee, or agent.

C. As contemplated by 24 CFR 578.95(d)(1), the Service Provider covenants that no person who is or was an employee, agent, consultant, officer, or official of the Service Provider who exercises or has exercised any functions or responsibilities with respect to activities assisted by a federal grant, or who is or was in a position to participate in a decision-making process or gain inside information with regard to such activity, has obtained or will obtain a personal or financial interest or benefit from the activity, or had or will have an interest in any Agreement, subcontract, or agreement with respect thereto, or the proceeds thereunder, including this Agreement and any subcontracts, either for himself or herself or for those whom he or she has family or business ties, during his or her tenure or for one (1) year thereafter.

D. The Service Provider warrants that it has not paid or given and will not pay or give to any third person any money or other consideration for obtaining this Agreement.

E. Participation by homeless individuals who also are participants in policy or decision-making under the Continuum of Care. Requirements does not constitute a conflict of interest.

F. As used in this section,

i. The term “Immediate Family” includes, but is not limited to, domestic partner and/or those persons related by blood or marriage, such as husband, wife, father, mother, brother, sister, son, daughter, father-in-law, mother-in-law, brother-in-law, sister-in-law, son-in-law, daughter-in-law.

ii. The term “Financial or Other Interest” includes, but is not limited to, any direct or indirect financial interest in the specific Agreement, including a commission or fee, a share of the proceeds, prospect of a promotion or of future employment, a profit, or any other form of financial reward.

G. The Service Provider will incorporate the foregoing paragraphs of this section into every Agreement that it enters into in connection with this project and will substitute the term “Subcontractor” for the term “Service Provider,” as applicable.

H. The Service Provider warrants that the Service Provider has disclosed to the Authority:

i. The identity of the Service Provider, any developer, builder, architect, management agent (and other participants), and the names of the officers and principal members, shareholders, investors, and other parties having a substantial interest in this Agreement or in any proceeds or benefits arising from the Agreement.

ii. Any possible conflict of interest by any of these parties that would be a violation of the Agreement. The Service Provider shall fully and promptly update such disclosures, if applicable.

16. INTEREST OF MEMBER OF OR DELEGATE TO CONGRESS. No member of or delegate to the Congress of the United States of America or resident commissioner shall be admitted to any share or part of this Agreement or to any benefits arising from the Agreement.

17. LOBBYING CERTIFICATIONS. The Service Provider hereby assures and certifies that:

A. No Federally appropriated funds have been paid or will be paid, by or on behalf of the Service Provider, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal Agreement; the making of any Federal grant; the making of any Federal loan; the entering into of any cooperative Agreement; and the extension, continuation, renewal, amendment, or modification of any Federal Agreement, grant, loan, or cooperative Agreement.

B. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal Agreement, grant, loan, or cooperative Agreement, the Service Provider must complete and submit standard form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

C. The Service Provider shall require that the language of this certification be included in the award documents for all subawards of all tiers (including subcontracts, subgrants, under grants, loans, and cooperative Agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, Title 31, U.S. Code. Any person who fails to file the required certification is subjected to a civil penalty of not less than \$10,000 and of not more than \$100,000 for each such failure.

18. ASSIGNMENT OR TRANSFER OF THE AGREEMENT.

A. The Service Provider shall not in any manner, directly or indirectly, by operation of law or otherwise, hypothecate, assign, transfer or encumber this Agreement or any portion hereof or any interest herein, in whole or in part, without the prior written consent of the Authority. The Service Provider shall subcontract with the subcontractors listed in Exhibit C. However, the Service Provider shall not subcontract the Services to be performed pursuant to this Agreement to additional subcontractors without prior written approval of the Authority. The names and qualifications of subcontractors or others whom the Service Provider intends to employ, other than those already identified on Exhibit C, shall be submitted to the Authority for prior written approval. A change in ownership in the Service Provider, such as a stock transfer or transfer of the interest of a limited partner, is not subject

to the provisions of this section. Transfer of the interest of a general partner is subject to the provisions of this section.

B. Where the Service Provider requests the consent of the Authority for a transfer in any form, including any sale or assignment, of this Agreement, the Authority will give its written consent to a transfer of the Agreement pursuant to paragraph A of this section if the transferee agrees in writing to comply with all the terms of the Agreement, and if the transferee is acceptable to the Authority. If the transfer constitutes a significant change, as defined by Section 578.105(a) of the Continuum of Care Regulations (24 CFR Part 578), HUD shall also approve the transfer, in writing. HUD's criteria for acceptance of the transferee must be no more restrictive than for initial acceptance of any application under the Program at the time of the Service Provider's request.

C. If the Service Provider is proposing to pledge the Agreement as security for financing, the Service Provider must submit the financing documents to the Authority for prior written approval. In determining the approvability of a pledge arrangement, the Authority shall review the documents submitted by the Service Provider to ensure that the financing documents do not modify the Agreement, and do not contain any requirements inconsistent with the Agreement. Any pledge of the Agreement shall be limited to amounts payable under the Agreement in accordance with the terms of the Agreement.

19. WAIVER. No waiver of any provision of this Agreement shall be deemed, or shall constitute, a waiver of any other provision, whether or not similar, nor shall any such waiver constitute a continuing or subsequent waiver of the same provision. No waiver shall be binding unless executed in writing by the party making the waiver.

20. NONDISCRIMINATION, EQUAL EMPLOYMENT OPPORTUNITY, AND AFFIRMATIVE ACTION.

A. In the performance of work under this Agreement, the Service Provider and its subcontractors, if any, must not in the selection of Participants, in the provision of services, or in any other manner, discriminate against any person on the grounds of race, color, creed, religion, sex, national origin, familial status, or handicap.

B. The Service Provider must comply with all requirements imposed by Title VIII of the Civil Rights Act of 1968, as amended, and any related rules and regulations.

C. The Service Provider must comply with all requirements imposed by Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d, et seq. (the Act); the HUD regulations issued thereunder, 24 CFR, Subtitle A, Part 1; the HUD requirements

pursuant to these regulations; and Executive Order 11063, to the end that, in accordance with the Act, the HUD requirements, and Executive Order 11063, no person in the United States may, on the grounds of race, color, creed, religion, or national origin, be excluded from participation in, or denied the benefits of, the Continuum of Care Program, or be otherwise subject to discrimination. This provision is included pursuant to the regulations of HUD, 24 CFR, Subtitle A, Part 1, issued under Title VI of the Civil Rights Act of 1964, and the HUD requirements pursuant to the regulations. The obligation of the Service Provider to comply therewith inures to the benefit of the United States of America, HUD, and the Authority, any of which are entitled to invoke any remedies available by law to redress any breach or to compel compliance by the Service Provider.

D. In accordance with regulations issued by HUD pursuant to Section 504 of the Rehabilitation Act of 1973, as amended (24 CFR Part 8), the Service Provider must not discriminate against any otherwise qualified individual with handicaps.

E. In carrying out the obligations under this Agreement, the Service Provider shall not discriminate against any employee or applicant for employment because of race, religion, national origin, ancestry, sex, age, sexual preference, or physical handicap. The Service Provider will take affirmative action to insure that applicants are employed, and that employees are treated during employment, without regard to race, religion, national origin, ancestry, sex, age, sexual preference, or physical handicap. Such action includes, but is not limited to, the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training.

The Service Provider agrees to post on conspicuous places, available to employees and applicants for employment, notices substantially similar to those provided by HUD setting forth the provisions of this nondiscrimination clause. The Service Provider will in all solicitations or advertisements for employees placed by or on behalf of the Service Provider state that all qualified applicants will receive consideration for employment without regard to race, religion, national origin, ancestry, sex, age, sexual preference, or physical handicap. The Service Provider will incorporate the foregoing requirements of these Subparagraphs in all Agreements for project work, except Agreements for standard commercial supplies or raw materials, and will require all of its subcontractors for such work to incorporate such requirements in all subcontractors for project work.

21. COOPERATION IN EQUAL OPPORTUNITY COMPLIANCE REVIEWS. The Authority and the Service Provider must cooperate with HUD in the conducting of compliance reviews and complaint investigations pursuant to all applicable civil rights statutes, Executive Orders, and all related rules and regulations.

22. MINORITY/WOMEN'S BUSINESS ENTERPRISE; OTHER FEDERAL REQUIREMENTS.

A. The Service Provider shall make a good-faith effort to comply with the minority business enterprise ("MBE") and women's business enterprise ("WBE") levels of participation established by the Authority. It is the policy of the Authority that minority business enterprises as specified in former 24 CFR 85.36 shall have maximum opportunity to participate in the performance of this Agreement. The Service Provider agrees to assist the Authority in meeting its anticipated levels of participation by conducting outreach to MBEs and WBEs to ensure that these businesses have the maximum opportunity to compete for, and perform in, the Agreement.

B. The Service Provider must comply with and is subject to the requirements of the following, where applicable:

- i.** Executive Orders 12432, Minority Business Enterprise Development, and 12138, Creating a National Women's Business Enterprise Policy.
- ii.** Executive Order 11625, Prescribing Additional Arrangements for Developing and Coordinating a National Program for Minority Business Enterprises.
- iii.** 24 CFR Part 24, Participation, Debarment, Suspension, and Limited Denial of Participation.

23. DOCUMENTS. At the time of either termination of this Agreement or conclusion of all work, all original documents, designs, drawings, reports, logos, diskettes, computer files, notes and other related materials whether prepared by the Service Provider or subcontractor(s) or obtained in the course of providing the services to be performed pursuant to this Agreement shall become the sole property of the Authority. In the event any documentation has become a matter of public record, the Authority will cooperate with the County to ensure the County can comply with their obligation to disclose such record if a request is made under the state's Public Records Act.

24. LICENSES AND PERMITS. The Service Provider warrants that its subcontractors have all necessary licenses and permits for the work to be performed under this Agreement.

25. WARRANTY OF SERVICE PROVIDER.

A. The Service Provider warrants that it is free to enter into this Agreement and is not subject to any obligation or disability which will or might prevent or interfere in fully keeping and performing all of the conditions to be kept and performed under this Agreement.

B. The Service Provider further warrants that it has not paid anyone for the purpose of entering into this Agreement, and that entering into this Agreement and performing the Services hereunder will not constitute a conflict of interest.

C. The Service Provider further warrants that neither it, nor its agents or representatives, has offered or given gratuities in the form of entertainment, gifts, favors or other items or services of value to any officer or employee of the Authority with a view toward securing: (i) award of this Agreement, (ii) amendment of the Agreement after award, (iii) favorable treatment of the Service Provider by the Authority in the administration of the Agreement or in the making of any determination with respect to the Service Provider's performance of its obligations under the Agreement.

26. NO ATTORNEY FEES. In the event any action, suit, or proceeding is brought for the enforcement of, or the declaration of, any right or obligation pursuant to this Agreement or as a result of any alleged breach of any provision of this Agreement, each party shall bear its own costs and expenses, including attorneys' fees, and any judgment or decree rendered in such a proceeding shall not include an award thereof.

27. DISPUTES. This Agreement is made, entered into, and executed in Los Angeles County, California, and any action filed in any court for the interpretation, enforcement or other action of the terms, conditions or covenants referred to herein shall be filed in the applicable court in Los Angeles County, California. This Agreement shall be construed, and all disputes hereunder shall be settled, in accordance with the laws of the State of California. Pending the final resolution of a dispute hereunder, the Service Provider shall proceed diligently with the performance of its obligations under this Agreement and in accordance with the Authority's instructions.

28. AUDIT AND INSPECTION OF RECORDS

A. The Service Provider shall furnish any information pertinent to this Agreement as may reasonably be required from time to time by the Authority or HUD.

B. After receipt of reasonable notice and during the regular business hours of the Service Provider, the Service Provider shall provide the Authority or HUD, or agents of either, such access to the Service Provider's records and facilities as the

Authority or HUD deems necessary to examine, audit, inspect, excerpt, photocopy or transcribe the Service Provider's records relative to work performed under this Agreement. Accounting and financial records shall be maintained in accordance with generally accepted accounting principles. All records shall be maintained and access shall be provided to the Authority during the entire term of this Agreement and for three (3) years after final payment by the Authority hereunder, unless the Authority gives written permission to the Service Provider to dispose of said records prior to this time.

29. FORCE MAJEURE. In the event that performance on the part of any party hereto shall be delayed or suspended as a result of circumstances beyond the reasonable control and without the fault or negligence of said party, none of the parties shall incur any liability to the other parties as a result of such delay or suspension. Circumstances deemed to be beyond the control of the parties hereunder shall include, but not be limited to, acts of God or of the public enemy; insurrection; acts of the federal government or any unit of state or local government in either sovereign or contractual capacity; fires; floods; epidemics; quarantine restrictions; strikes, freight embargoes or delays in transportation, to the extent that they are not caused by the party's willful or negligent acts or omissions, and to the extent that they are beyond the party's reasonable control.

30. NOTICES.

A. Any notices to be given pursuant to this Agreement shall be in writing, and all such notices and any other document to be delivered shall be delivered by personal service or by deposit in the United States mail, certified or registered, return receipt requested, postage prepaid, and addressed to the party for whom intended as follows:

To: Attn: Ryan Mulligan, Assistant Director of Section 8
Housing Authority, City of Los Angeles
2600 Wilshire Boulevard, 5th Floor
Los Angeles, CA 90057

To: Attn: Kathy K. Hanks, C.P.M., Director, Contracts and Grants
County of Los Angeles Department of Health Services
313 N. Figueroa Street, 6E
Los Angeles, CA 90012

Attn: Marc Trotz, Director of Housing for Health
County of Los Angeles Department of Health Services
238 E. 6th Street
Los Angeles, CA 90023

B. Either party may, from time to time, by written notice to the other, designate a different address which shall be substituted for the one above specified. Notices, payments and other documents shall be deemed delivered upon receipt by personal service or upon deposit in the United States mail.

31. FAITH-BASED ACTIVITIES. Organizations that are religious or faith-based are eligible, on the same basis as any other organization, to participate in the Continuum of Care program. However, a Service Provider that participates in a Continuum of Care funded program will comply with the following provisions if it is deemed to be a religious or faith-based organization.

A. The Service Provider may not engage in inherently religious activities, such as worship, religious instruction, or proselytization, as part of the programs or services funded under this Agreement.

If the Service Provider conducts such activities, the activities must be offered separately, in time or location, from the program or services funded under this Agreement, and participation must be voluntary for the beneficiaries of the Shelter Plus Care-funded programs or services.

B. A religious or faith-based Service Provider will retain its independence from Federal, State, and local governments, and may continue to carry out its mission, including the definition, practice, and expression of its religious beliefs, provided that it does not use direct Continuum of Care funds to support any inherently religious activities, such as worship, religious instruction, or proselytization.

A religious or faith-based Service Provider may use space in their facilities to provide Continuum of Care funded services, without removing religious art, icons, scriptures, or other religious symbols.

A religious or faith-based Service Provider retains its authority over its internal governance, and it may retain religious terms in its organization's name, select its board members on a religious basis, and include religious references in its organization's mission statements and other governing documents.

C. A religious or faith-based Service Provider will not, in providing program assistance, discriminate against a program beneficiary or prospective program beneficiary on the basis of religion or religious belief.

32. ORDER OF PRECEDENCE – CONTINUUM OF CARE REQUIREMENTS. Except as specifically provided elsewhere in this Agreement, conflicting provisions of this Agreement shall prevail in the following order of precedence: (1) the provisions in the body of this Agreement; (2) the exhibits of the Agreement, if any; (3) all other documents cited in this Agreement or incorporated by reference. In the event of any conflict between

this Agreement and the Continuum of Care Requirements, the Continuum of Care Requirements shall prevail.

33. APPROVAL BY FUNDING SOURCE. If funding for this Agreement is provided by the Federal Government, the State of California or other external source, approval of the Agreement by the funding source may be required. If approval of an external funding source is required, this Agreement shall not be effective until such approval has been secured. If approval by the external funding source is denied prior to or during the Agreement term, then the Agreement shall be terminated at no fault of either party. If the Agreement award is terminated prior to the commencement date of the Agreement then any costs incurred by the Service Provider shall be deemed pre-contractual as defined in the procurement solicitation to which the Agreement responded and thus remains the Service Provider's responsibility. If the funding ceases during the Agreement term, upon receipt of said notice, the Service Provider shall immediately take action not to incur any additional obligations, costs or expenses, except as may be reasonably necessary to terminate its activities. The Authority shall pay the Service Provider its reasonable and allowable costs through the effective date of termination and those reasonable and necessary costs incurred by the Service Provider to effect such termination. Thereafter, the Service Provider shall have no further claims against the Authority under this Agreement.

34. COMPLIANCE WITH LOCAL, STATE, AND FEDERAL STATUTES AND REGULATIONS.

A. The Service Provider, in performance of this Agreement, warrants and certifies that it will comply with all applicable statutes, rules, regulations and orders of the United States, the State of California, the County of Los Angeles and the City of Los Angeles. The Service Provider understands that failure to comply with any of the following assurances may result in suspension or termination of this Agreement or any of the remedies provided for herein. The Service Provider further warrants and certifies that it will comply with new, amended, or revised laws, regulations, and procedures that apply to the performance of this Agreement.

B. The Service Provider warrants that it will comply with all applicable requirements of State, Federal, County and City of Los Angeles laws, executive orders, regulations, program and administrative requirements, policies and any other requirements governing this Agreement. The Service Provider will comply with new, amended, or revised laws, regulations, and procedures that apply to the performance of this Agreement.

35. EFFECT OF LEGAL JUDGMENT. Should any covenant, condition or provision of this Agreement be held to be invalid by final judgment in any court of competent jurisdiction, the invalidity of such covenant, condition or provision will not in any way affect any other covenant, condition or provision of this Agreement.

36. BINDING AUTHORITY TO SIGN AND AUTHORIZATION. Each of the Parties to this Agreement hereby represents that all necessary and appropriate actions of their governing bodies, as applicable, have been taken to make this Agreement a binding obligation of each of the Parties hereto. The persons executing this Agreement warrant that they are duly authorized to execute this Agreement on behalf of and bind the Parties each purports to represent.

37. COUNTERPARTS. This Agreement may be executed in counterparts, each of which shall be deemed to be an original.

38. ENTIRE AGREEMENT. This Agreement, including all exhibits and other documents incorporated herein or made applicable by reference, constitutes the entire agreement of the parties concerning the subject matter hereof and supersedes all prior agreements, understandings and commitments, whether oral or written. This Agreement shall not be amended in any way except by a writing expressly purporting to be such an amendment, signed and acknowledged by both of the parties hereto.

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IN WITNESS WHEREOF, the Authority and the Service Provider have executed this Agreement No. HA-2015-*SPC on the day and year first above written.

Approved as to form:
MICHAEL N. FEUER
City Attorney

**HOUSING AUTHORITY OF THE
CITY OF LOS ANGELES**

By _____
H. HELEN YUN
Deputy City Attorney

By _____
DOUGLAS GUTHRIE
President and CEO

Date _____

Date _____

General Counsel for the Housing Authority
of the City of Los Angeles

**LOS ANGELES COUNTY
DEPARTMENT OF HEALTH
SERVICES**

By: _____

Mitchell H. Katz, M.D.
Director of Health Services

Date: _____

By: _____

Printed Name:

Title: _____

Date: _____

§ 578.75

funds from the source are not statutorily prohibited to be used as a match. The recipient must ensure that any funds used to satisfy the matching requirements of this section are eligible under the laws governing the funds in order to be used as matching funds for a grant awarded under this program.

(c) *In-kind contributions.* (1) The recipient or subrecipient may use the value of any real property, equipment, goods, or services contributed to the project as match, provided that if the recipient or subrecipient had to pay for them with grant funds, the costs would have been eligible under Subpart D, or, in the case of HPCs, eligible under § 578.71.

(2) The requirements of 24 CFR 84.23 and 85.24 apply.

(3) Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services. Services provided by individuals must be valued at rates consistent with those ordinarily paid for similar work in the recipient's or subrecipient's organization. If the recipient or subrecipient does not have employees performing similar work, the rates must be consistent with those ordinarily paid by other employers for similar work in the same labor market.

(i) The MOU must establish the unconditional commitment, except for selection to receive a grant, by the third party to provide the services, the specific service to be provided, the profession of the persons providing the service, and the hourly cost of the service to be provided.

(ii) During the term of the grant, the recipient or subrecipient must keep and make available, for inspection, records documenting the service hours provided.

§ 578.75 General operations.

(a) *State and local requirements.* (1) Housing and facilities constructed or rehabilitated with assistance under this part must meet State or local building codes, and in the absence of State or local building codes, the International Residential Code or International Building Code (as applicable

24 CFR Ch. V (4-1-13 Edition)

to the type of structure) of the International Code Council.

(2) Services provided with assistance under this part must be provided in compliance with all applicable State and local requirements, including licensing requirements.

(b) *Housing quality standards.* Housing leased with Continuum of Care program funds, or for which rental assistance payments are made with Continuum of Care program funds, must meet the applicable housing quality standards (HQS) under 24 CFR 982.401 of this title, except that 24 CFR 982.401(j) applies only to housing occupied by program participants receiving tenant-based rental assistance. For housing rehabilitated with funds under this part, the lead-based paint requirements in 24 CFR part 35, subparts A, B, J, and R apply. For housing that receives project-based or sponsor-based rental assistance, 24 CFR part 35, subparts A, B, H, and R apply. For residential property for which funds under this part are used for acquisition, leasing, services, or operating costs, 24 CFR part 35, subparts A, B, K, and R apply.

(1) Before any assistance will be provided on behalf of a program participant, the recipient, or subrecipient, must physically inspect each unit to assure that the unit meets HQS. Assistance will not be provided for units that fail to meet HQS, unless the owner corrects any deficiencies within 30 days from the date of the initial inspection and the recipient or subrecipient verifies that all deficiencies have been corrected.

(2) Recipients or subrecipients must inspect all units at least annually during the grant period to ensure that the units continue to meet HQS.

(c) *Suitable dwelling size.* The dwelling unit must have at least one bedroom or living/sleeping room for each two persons.

(1) Children of opposite sex, other than very young children, may not be required to occupy the same bedroom or living/sleeping room.

(2) If household composition changes during the term of assistance, recipients and subrecipients may relocate the household to a more appropriately sized unit. The household must still

have access to appropriate supportive services.

(d) *Meals.* Each recipient and subrecipient of assistance under this part who provides supportive housing for homeless persons with disabilities must provide meals or meal preparation facilities for residents.

(e) *Ongoing assessment of supportive services.* To the extent practicable, each project must provide supportive services for residents of the project and homeless persons using the project, which may be designed by the recipient or participants. Each recipient and subrecipient of assistance under this part must conduct an ongoing assessment of the supportive services needed by the residents of the project, the availability of such services, and the coordination of services needed to ensure long-term housing stability and must make adjustments, as appropriate.

(f) *Residential supervision.* Each recipient and subrecipient of assistance under this part must provide residential supervision as necessary to facilitate the adequate provision of supportive services to the residents of the housing throughout the term of the commitment to operate supportive housing. Residential supervision may include the employment of a full- or part-time residential supervisor with sufficient knowledge to provide or to supervise the provision of supportive services to the residents.

(g) *Participation of homeless individuals.* (1) Each recipient and subrecipient must provide for the participation of not less than one homeless individual or formerly homeless individual on the board of directors or other equivalent policymaking entity of the recipient or subrecipient, to the extent that such entity considers and makes policies and decisions regarding any project, supportive services, or assistance provided under this part. This requirement is waived if a recipient or subrecipient is unable to meet such requirement and obtains HUD approval for a plan to otherwise consult with homeless or formerly homeless persons when considering and making policies and decisions.

(2) Each recipient and subrecipient of assistance under this part must, to the

maximum extent practicable, involve homeless individuals and families through employment; volunteer services; or otherwise in constructing, rehabilitating, maintaining, and operating the project, and in providing supportive services for the project.

(h) *Supportive service agreement.* Recipients and subrecipients may require the program participants to take part in supportive services that are not disability-related services provided through the project as a condition of continued participation in the program. Examples of disability-related services include, but are not limited to, mental health services, outpatient health services, and provision of medication, which are provided to a person with a disability to address a condition caused by the disability. Notwithstanding this provision, if the purpose of the project is to provide substance abuse treatment services, recipients and subrecipients may require program participants to take part in such services as a condition of continued participation in the program.

(i) *Retention of assistance after death, incarceration, or institutionalization for more than 90 days of qualifying member.* For permanent supportive housing projects surviving, members of any household who were living in a unit assisted under this part at the time of the qualifying member's death, long-term incarceration, or long-term institutionalization, have the right to rental assistance under this section until the expiration of the lease in effect at the time of the qualifying member's death, long-term incarceration, or long-term institutionalization.

§ 578.77 Calculating occupancy charges and rent.

(a) *Occupancy agreements and leases.* Recipients and subrecipients must have signed occupancy agreements or leases (or subleases) with program participants residing in housing.

(b) *Calculation of occupancy charges.* Recipients and subrecipients are not required to impose occupancy charges on program participants as a condition of residing in the housing. However, if occupancy charges are imposed, they may not exceed the highest of:

Service Provider subcontractor list

1. Downtown Women's Center
2. GettLove
3. Homeless Health Care Los Angeles
4. L.A. Family Housing Corporation
5. LAMP, Inc.
6. Mental Health America of Los Angeles
7. Ocean Park Community Center
8. Special Service for Groups, Inc.
9. St. Joseph Center
10. Step Up On Second, Inc.

AGREEMENT NUMBER HA-2015-49-CoC-DMH
BETWEEN
HOUSING AUTHORITY OF THE CITY OF LOS ANGELES
AND
LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
HUD GRANT NUMBER: CA1341L9D001400
COMPONENT TYPE: Tenant-Based Rental Assistance

THIS AGREEMENT is made and entered into this 1st day of September 2015 by and between the Housing Authority of the City of Los Angeles, State of California, a public body, corporate and politic (hereinafter referred to as the "Authority"), and the County of Los Angeles through its Department of Mental Health, (hereinafter referred to as the "Service Provider").

W I T N E S S E T H:

WHEREAS, the Continuum of Care Program ("Program") provides a combination of housing and supportive services to chronically homeless high acuity participants ("Services"); and

WHEREAS, the Program provides grants to be used for rental assistance for permanent supportive housing for homeless persons with disabilities, which grants shall be matched by the Service Provider in the aggregate by supportive services that are at least equal in value to 25% of the total grant amount funded by the United States Department of Housing and Urban Development ("HUD"); and

WHEREAS, HUD, which provides the grant funds to the Authority, awarded grant funds for rental assistance and supportive services to the project submitted by the Authority in response to the 2014 HUD Super-NOFA; and

WHEREAS, the Service Provider has submitted its letter of commitment to provide the Supportive Services; and

WHEREAS, the Service Provider has represented that it has the requisite personnel, experience and resources to provide the Services required by the Authority and the Service Provider desires to provide the Services;

NOW, THEREFORE, in consideration of the mutual covenants, benefits and promises herein stated, the parties hereto agree as follows:

1. DEFINITIONS

A. Eligible Person: A homeless person with disabilities (primarily persons who are seriously mentally ill; have chronic problems with alcohol, drugs, or both; or have AIDS and related diseases) and, if also homeless, the family of such a person. To be eligible for assistance, persons shall be Very Low-Income.

B. Very Low-Income: An annual income not in excess of fifty percent (50%) of the median income for the area, as determined by the U.S. Department of Housing and Urban Development ("HUD"), with adjustments for smaller and larger families.

C. Chronically homeless means:

(1) An individual who:

(i) Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and

(ii) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and

(iii) Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;

(2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in sub-paragraph (1) of this definition, before entering that facility; or

(3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in sub-paragraph (1) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

D. Continuum of Care Bonus Proposal: The proposal submitted by the Authority in response to the supportive housing bonus provision made available by HUD in the 2014 Super-NOFA.

E. Commitment Letter: The letter(s) of commitment for the Agreement submitted by the Service Provider indicating that the Service Provider will provide the services/activities listed in the Original Continuum of Care Program proposal. **(Exhibit A)**

F. Participant: An Eligible Person who has been selected to participate in the program.

G. Continuum of Care Requirements: The Continuum of Care (Title IV, Subtitle F of the McKinney-Vento Homeless Assistance Act, as amended), regulations (24 CFR Part 578) **(Exhibit B)**, the HUD Notice of Funding Availability under which the Authority was awarded the grant of funds for this project and the provisions of the Continuum of Care Program Grant Agreement (the "Grant Agreement") executed by the Authority and HUD, and related HUD notices and directives, as applicable.

H. Tenant-Based Rental Assistance: Rental assistance provided to Participants in the Continuum of Care program, to be used for permanent housing. The rental assistance permits Participants to choose housing of an appropriate size. Participants retain the rental assistance if they change residences.

2. PARTIES. The parties to this Agreement are:

A. The Authority: The Housing Authority of the City of Los Angeles, a public body, corporate and politic under the laws of the State of California, having its principal office at 2600 Wilshire Blvd., 3rd Floor, Los Angeles, Ca 90057.

B. County (Department of Mental Health): The County of Los Angeles, a public body, corporate and politic under the laws of the State of California, having principal office at 695 S. Vermont Ave., 10th Floor, Los Angeles, Ca 90005.

3. EFFECTIVE DATE AND TERM OF THE AGREEMENT

A. Effective Date of Agreement. The effective date of this Agreement is September 1, 2015.

C. Term of Agreement. The term of this Agreement begins on the effective date of the Agreement, and ends on August 31, 2016.

4. SERVICE PROVIDER'S RESPONSIBILITIES

A. SCOPE OF WORK. The Service Provider will carry out the activities listed in the Continuum of Care Bonus Proposal, in accordance with the Continuum of Care Program Requirements, whether or not specifically referenced in this Agreement. All elements of the Continuum of Care Bonus Proposal including, without limitation, the commitment of supportive services the Service Provider will provide and the means of fulfilling match requirements are attached as Exhibit A and incorporated into this Agreement. Notwithstanding any provisions of the Continuum of Care Bonus Proposal/Commitment Letter to the contrary, the Service Provider will carry out the activities for which it is responsible in compliance with applicable provisions of the Program.

B. OUTREACH. Outreach and prioritization of this group will be done by the Continuum of Care Program's Coordinated Assessment System which the Service Provider will utilize to identify program participants. After initial and on-going health and supportive service needs assessment, clients will be offered a range of physical and mental health services, including case management, individual and group counseling, crisis intervention and medical support.

C. SUPPORTIVE SERVICES

i. Matching Requirement.

1. *In general.* The Service Provider must match all grant funds, except for leasing funds, with no less than 25 percent of funds and / or in-kind contributions from other sources. For Continuum of Care geographic areas in which there is more than one grant agreement, the 25 percent match must be provided on a grant-by-grant basis. Recipients that are UFAs or are the sole recipient for their Continuum, may provide match on a Continuum-wide basis. Cash match must be used for the costs of activities that are eligible under Subpart D of 24 CFR Part 578 of this part, except that HPCs may use such match for the costs of activities that are eligible under §578.71.
2. *Cash sources.* The Service Provider may use funds from any source, including any other federal sources (excluding Continuum of Care program funds), as well as State, local, and private sources, provided that funds from the source are not statutorily prohibited to be used as a match. The Service Provider must ensure that any funds used to satisfy the matching requirements of this section are eligible under the laws governing the funds in order to be used as matching funds for a grant awarded under this program.

3. *In-kind contributions.* (1) The Service Provider may use the value of any real property, equipment, goods, or services contributed to the project as match, provided that if the Service Provider had to pay for them with grant funds, the costs would have been eligible under Subpart D of 24 CFR Part 578, or, in the case of High-Performing Communities, eligible under 24 CFR 578.71.

The Service Provider shall report to the Authority on compliance with this match requirement in a form and manner specified by the Authority.

The Authority will require payments from the Service Provider, should the Service Provider at any time not be in full compliance with 24 CFR 578.73, Matching Requirements, until the aggregate amount of supportive services at least equals in value the aggregate amount of Tenant-Based Rental Assistance provided by the Authority.

ii. Required Services. With respect to this matching requirement, the Service Provider shall perform the Services and tasks outlined in the Continuum of Care Bonus Proposal, which include, but are not limited to, the following:

- a. Provide integrated case management through which Participants shall receive mental health services, medical services, substance abuse treatment, vocational training, job training services, legal/welfare advocacy, drug and alcohol counseling, and other services through established providers in the immediate neighborhood.

- b. Structured follow-up, including regular meetings with a case manager, to determine progress and identify any emergency issues.

- c. Referral to appropriate services which may include, but not be limited to: Crisis intervention, referrals to legal services, referrals to health and mental health services, referrals to substance abuse counseling and support groups, referrals to education and vocational training programs, and referrals to employment services.

- ii. The Service Provider shall conduct on-going assessments of individual Participants' needs and supportive services, including supportive services designed to assist Participants with their Program compliance.

D. ANNUAL PERFORMANCE REPORTS, QUARTERLY REPORTS, AND OTHER PERTINENT INFORMATION

i. **Annual Performance Reports.** The Service Provider shall submit to the Authority an Annual Performance Report ("APR"), covering the Operating Year as designated by HUD and the Authority. The Service Provider shall submit one (1) APR for each Operating Year. The APRs shall be considered due to the Authority 30 days after the end date of each Operating Year. The format of the APRs shall conform to the most recent template issued by HUD.

ii. **Quarterly Reports.** The Service Provider shall submit Quarterly Reports, documenting the source, amount, and type of supportive services provided, to cover the quarters prescribed by the Operating Year, within 30 days after the end date of each Quarter.

iii. **Other Pertinent Information.** The Service Provider shall furnish any information pertinent to this Agreement as may reasonably be required from time to time by the Authority or HUD.

E. GENERAL OPERATION. The Service Provider shall operate the Program in compliance with HUD requirements for general operation, 24 CFR 578.75, which provide for participation of homeless individuals, ongoing assessment of housing and supportive services, adequate supportive services, and records and reports.

5. THE AUTHORITY'S RESPONSIBILITIES.

A. RENTAL ASSISTANCE. As consideration for the Services to be provided by the Service Provider pursuant to this Agreement, the Authority will provide Tenant-Based Rental Assistance to the Service Provider's clients who are Participants in the Continuum of Care Program. The Authority will pay Tenant-Based Rental Assistance to owners of housing chosen by such Participants. Unless otherwise approved by the Authority, the Authority will provide rental assistance for a maximum of two-hundred-seventy-five (275) households, at any given time for the term of this Agreement.

B. GRANT FUNDED SUPPORTIVE SERVICES.

As consideration for case management services to be provided by the Service Provider to Program Participants, the Authority will pay supportive service funds provided in the Grant Agreement to the Service Provider. The Authority will provide a maximum of \$2,150,000 over the term of this Agreement (\$1,075,000 for Department of Health Services Participants and \$1,075,000 for Department of Mental Health Participants). The Service Provider will subcontract for the case management services. The Service Provider will invoice the Authority, in accord with the Authority's directive, on a monthly basis for the amount of subcontracted case management services provided to Participants.

6. TERMINATION FOR CONVENIENCE. During the term of this Agreement, the Authority or Service Provider may terminate this Agreement upon thirty (30) days prior written notice (the "Notice of Termination"). The Executive Director or designee of each agency is hereby authorized to give said Notice of Termination. The Notice of Termination shall specify the date upon which such termination becomes effective.

7. SUBCONTRACTING. Service Provider shall subcontract some of its responsibilities to subcontractors listed in Exhibit C. However, Service Provider may add additional subcontractors only after receiving prior written approval from the Authority.

8. ASSIGNMENTS. This Agreement or any provision thereof or any right or obligation arising hereunder is not assignable by the Authority or Service Provider in whole or in part without the prior written consent of the other party to this Agreement.

9. DEFAULTS.

A. Any of the following is a default by the Service Provider under this Agreement:

- i.** The Service Provider has committed any fraud or made any false statements to the Authority or HUD in connection with the Agreement, or has committed fraud or made any false statement in connection with any Federal rental assistance program; or
- ii.** A Federal or State proceeding for the relief of debtors is undertaken by or against the Service Provider; or
- iii.** A receiver or trustee is appointed for the Service Provider; or
- iii.** The Service Provider makes an assignment for the benefit of its creditors; or

v. The Service Provider becomes insolvent, which shall be deemed to have occurred if the Service Provider has ceased to pay its debts in the ordinary course of business or cannot pay its debts as they become due, whether or not the Service Provider has committed an act of bankruptcy or is considered insolvent within the meaning of the federal bankruptcy law; or

vi. The Service Provider fails or refuses to submit its APR, signed by its Executive Director, within 30 days after the end date of any given Operating Year; or

vii. The Service Provider fails or refuses to submit its Quarterly Reports within 30 days after the end date of any given Operating Quarter; or

viii. The Service Provider fails or refuses to furnish any information pertinent to this Agreement as may reasonably be required from time to time by the Authority or HUD; or

ix. The Service Provider breaches any material terms or violates any material provision of this Agreement, or any other Agreement under the Program, and does not cure such breach or violation within ten (10) calendar days after delivery by the Authority of a written "Notice to Cure Deficiency."

B. If the Authority determines that a default has occurred, the Authority may exercise any of its rights or remedies under the Agreement. The Authority must notify the Service Provider in writing of such determination. The notice by the Authority to the Service Provider may require the Service Provider to take corrective action (as verified by the Authority) by a time prescribed in the notice. The Authority's rights and remedies under the Agreement include the recovery of overpayment, termination or reduction of Tenant-Based Rental Assistance, and termination of the Agreement. The rights and remedies of the Authority set forth in this Paragraph shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Agreement. The Authority's exercise or non-exercise of any remedy for the Service Provider's breach of this Agreement is not a waiver of the right to exercise that remedy or any other right or remedy at any time.

10. AUTHORITY AND SERVICE PROVIDER RELATION TO THIRD PARTIES

A. Injury Resulting from Service Provider Action or Failure to Act. The Authority has not assumed any responsibility for or liability to any person injured as a result of the Service Provider's action or failure to act in connection with the implementation of this Agreement, or as a result of any other action or failure to act by the Service Provider.

B. Legal Relationship. The Service Provider shall, during the performance of this Agreement, act as a wholly independent Service Provider. The Service Provider shall not at any time or in any manner represent that it or any of its officers, employees or agents are in any manner employees of the Authority. Nothing contained in this Agreement shall be deemed, construed or represented by the Authority or the Service Provider or by any third person to create the relationship of principal or agent, or of a partnership, or of a joint venture, or of any other association of any kind or nature between the Authority and the Service Provider. The Service Provider is not the agent of the Authority, and this Agreement does not create or affect any relationship between the Authority and any lender to the Service Provider or any suppliers, employees, Service Providers, or contractors used by the Service Provider in connection with the implementation of this Agreement. The Authority shall not be called upon to assume any liability for the direct payment of any salary, wage or other compensation to any person employed by the Service Provider.

C. Exclusion of Third Party Claims. Nothing in this Agreement shall be construed as creating any right of a Participant or other third party (other than HUD) to enforce any provision of the Agreement, or to assert any claim against the Authority, or the Service Provider under the Agreement.

11. INDEMNIFICATION

A. The Authority and Service Provider shall indemnify, defend and hold harmless, each other, their elected and appointed officers, employees, and agents, from and against any demands, claims, damages, liability, loss, actions, fees, costs, and expenses, including attorneys' fees, or any damage whatsoever, including but not limited to death or injury to any person and damage to any property, resulting from the misconduct, negligent acts, errors or omissions by the other party or any of its officers, employees, servants, agents, successors or assigns related to this Agreement.

B. The Authority does not, and shall not, waive any rights that it may have against the Service Provider by reason of the acceptance by the Authority, or the deposit with the Authority, of any insurance policies or endorsements required pursuant to this Agreement. This indemnification provision shall apply regardless of whether or not said insurance policies or endorsements are determined to be applicable to any claim, demand, damage, liability, loss, cost or expense described above.

12. INSURANCE

The County is self-ensured and have provided documentation that their insurance meets or exceeds the below requirements. As such while the below requires are

not applicable to the County, the County understands there is no such waiver for Service Provider's subcontractors and will ensure such Service Providers Insurance requirements meet the following:

A. During the term of this Agreement, the Service Provider shall, at its own cost and expense, procure and maintain the following types of insurance:

- i.** Statutory Workers' Compensation, as required by the California Labor Code, and Employer's Liability with limits not less than \$1,000,000; and
- ii.** General Liability, including coverage for property damage and independent Service Providers, with limits not less than \$1,000,000 per occurrence; and
- iii.** Motor Vehicle Liability, for owned and not-owned vehicles, with limits not less than \$500,000 per occurrence; and
- iv.** Professional liability insurance with limits not less than \$1,000,000.

B. Notwithstanding the requirements of Paragraph 12, Authority and Service Provider agree that the County's self-insurance program insurance waives its need to procure the insurance listed in the above section. As detailed below, there is no such waiver for Service Provider's subcontractors.

C. If any subcontractor(s) or independent Service Provider(s) is utilized by the Service Provider for the purpose of carrying out portions of this Agreement, said subcontractor(s) or independent Service Provider(s) shall also be required to comply with the insurance provisions set forth in this Paragraph 12 and the indemnification provisions set forth in Paragraph 11 of this Agreement.

13. INDEPENDENT SERVICE PROVIDER STATUS. The Authority and Service Provider shall perform the services as contained herein as independent Service Providers, not as an employee of the other party or under the other party's supervision or control. This Agreement is by and between the Authority and Service Provider, and not intended, and shall not be construed, to create the relationship of agent, servant, employee, partnership, joint venture, or association, between the Authority and Service Provider.

14. INTERPRETATION. No provision of this Agreement is to be interpreted for or against either party because that party or that party's legal representative drafted such provision, but this Agreement is to be construed as if drafted by both parties hereto.

15. CONFLICT OF INTEREST

A. As contemplated by former 24 CFR 85.36(b) (3), the Service Provider will adopt and maintain a written code of standards of conduct governing the performance of employees engaged in the award of administration of Agreements, including without limitation standards that prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or gain.

B. As contemplated by former 24 CFR 85.36(b)(3), the Service Provider covenants that no employee, officer, director, or agent of the Service Provider has participated or will participate in selection, or in the award or administration of a Agreement supported by Federal funds if a conflict of interest, real or apparent, would be involved, including this Agreement and any sub-contracts. Such a conflict would arise when the employee, officer, director or agent, any member of his immediate family, his or her partner, or any organization which employs or is about to employ any of these persons has a financial or other interest in the firm selected for award (including a financial or other interest in the Service Provider with respect to participation in the award of this Agreement). In addition, no officers, directors, employees or agents of the Service Provider will solicit or accept gratuities, favors or anything of monetary value from actual or potential Service Providers, suppliers, parties to subagreements, or persons who are otherwise in a position to benefit from the actions of any officer, director, employee, or agent.

C. As contemplated by 24 CFR 578.95(d)(1), the Service Provider covenants that no person who is or was an employee, agent, consultant, officer, or official of the Service Provider who exercises or has exercised any functions or responsibilities with respect to activities assisted by a federal grant, or who is or was in a position to participate in a decision-making process or gain inside information with regard to such activity, has obtained or will obtain a personal or financial interest or benefit from the activity, or had or will have an interest in any Agreement, subcontract, or agreement with respect thereto, or the proceeds thereunder, including this Agreement and any subcontracts, either for himself or herself or for those whom he or she has family or business ties, during his or her tenure or for one (1) year thereafter.

D. The Service Provider warrants that it has not paid or given and will not pay or give to any third person any money or other consideration for obtaining this Agreement.

E. Participation by homeless individuals who also are participants in policy or decision-making under the Continuum of Care. Requirements does not constitute a conflict of interest.

F. As used in this section,

i. The term “Immediate Family” includes, but is not limited to, domestic partner and/or those persons related by blood or marriage, such as husband, wife, father, mother, brother, sister, son, daughter, father-in-law, mother-in-law, brother-in-law, sister-in-law, son-in-law, daughter-in-law.

ii. The term “Financial or Other Interest” includes, but is not limited to, any direct or indirect financial interest in the specific Agreement, including a commission or fee, a share of the proceeds, prospect of a promotion or of future employment, a profit, or any other form of financial reward.

G. The Service Provider will incorporate the foregoing paragraphs of this section into every Agreement that it enters into in connection with this project and will substitute the term “Subcontractor” for the term “Service Provider,” as applicable.

H. The Service Provider warrants that the Service Provider has disclosed to the Authority:

i. The identity of the Service Provider, any developer, builder, architect, management agent (and other participants), and the names of the officers and principal members, shareholders, investors, and other parties having a substantial interest in this Agreement or in any proceeds or benefits arising from the Agreement.

ii. Any possible conflict of interest by any of these parties that would be a violation of the Agreement. The Service Provider shall fully and promptly update such disclosures, if applicable.

16. INTEREST OF MEMBER OF OR DELEGATE TO CONGRESS. No member of or delegate to the Congress of the United States of America or resident commissioner shall be admitted to any share or part of this Agreement or to any benefits arising from the Agreement.

17. LOBBYING CERTIFICATIONS. The Service Provider hereby assures and certifies that:

A. No Federally appropriated funds have been paid or will be paid, by or on behalf of the Service Provider, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal Agreement; the making of any Federal grant; the making of any Federal loan; the entering into of any cooperative Agreement; and the extension, continuation, renewal, amendment, or modification of any Federal Agreement, grant, loan, or cooperative Agreement.

B. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal Agreement, grant, loan, or cooperative Agreement, the Service Provider must complete and submit standard form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

C. The Service Provider shall require that the language of this certification be included in the award documents for all subawards of all tiers (including subcontracts, subgrants, under grants, loans, and cooperative Agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, Title 31, U.S. Code. Any person who fails to file the required certification is subjected to a civil penalty of not less than \$10,000 and of not more than \$100,000 for each such failure.

18. ASSIGNMENT OR TRANSFER OF THE AGREEMENT.

A. The Service Provider shall not in any manner, directly or indirectly, by operation of law or otherwise, hypothecate, assign, transfer or encumber this Agreement or any portion hereof or any interest herein, in whole or in part, without the prior written consent of the Authority. The Service Provider shall subcontract with the subcontractors listed in Exhibit C. However, the Service Provider shall not subcontract the Services to be performed pursuant to this Agreement to additional subcontractors without prior written approval of the Authority. The names and qualifications of subcontractors or others whom the Service Provider intends to employ, other than those already identified on Exhibit C, shall be submitted to the Authority for prior written approval. A change in ownership in the Service Provider, such as a stock transfer or transfer of the interest of a limited partner, is not subject

to the provisions of this section. Transfer of the interest of a general partner is subject to the provisions of this section.

B. Where the Service Provider requests the consent of the Authority for a transfer in any form, including any sale or assignment, of this Agreement, the Authority will give its written consent to a transfer of the Agreement pursuant to paragraph A of this section if the transferee agrees in writing to comply with all the terms of the Agreement, and if the transferee is acceptable to the Authority. If the transfer constitutes a significant change, as defined by Section 578.105(a) of the Continuum of Care Regulations (24 CFR Part 578), HUD shall also approve the transfer, in writing. HUD's criteria for acceptance of the transferee must be no more restrictive than for initial acceptance of any application under the Program at the time of the Service Provider's request.

C. If the Service Provider is proposing to pledge the Agreement as security for financing, the Service Provider must submit the financing documents to the Authority for prior written approval. In determining the approvability of a pledge arrangement, the Authority shall review the documents submitted by the Service Provider to ensure that the financing documents do not modify the Agreement, and do not contain any requirements inconsistent with the Agreement. Any pledge of the Agreement shall be limited to amounts payable under the Agreement in accordance with the terms of the Agreement.

19. WAIVER. No waiver of any provision of this Agreement shall be deemed, or shall constitute, a waiver of any other provision, whether or not similar, nor shall any such waiver constitute a continuing or subsequent waiver of the same provision. No waiver shall be binding unless executed in writing by the party making the waiver.

20. NONDISCRIMINATION, EQUAL EMPLOYMENT OPPORTUNITY, AND AFFIRMATIVE ACTION.

A. In the performance of work under this Agreement, the Service Provider and its subcontractors, if any, must not in the selection of Participants, in the provision of services, or in any other manner, discriminate against any person on the grounds of race, color, creed, religion, sex, national origin, familial status, or handicap.

B. The Service Provider must comply with all requirements imposed by Title VIII of the Civil Rights Act of 1968, as amended, and any related rules and regulations.

C. The Service Provider must comply with all requirements imposed by Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d, et seq. (the Act); the HUD regulations issued thereunder, 24 CFR, Subtitle A, Part 1; the HUD requirements

pursuant to these regulations; and Executive Order 11063, to the end that, in accordance with the Act, the HUD requirements, and Executive Order 11063, no person in the United States may, on the grounds of race, color, creed, religion, or national origin, be excluded from participation in, or denied the benefits of, the Continuum of Care Program, or be otherwise subject to discrimination. This provision is included pursuant to the regulations of HUD, 24 CFR, Subtitle A, Part 1, issued under Title VI of the Civil Rights Act of 1964, and the HUD requirements pursuant to the regulations. The obligation of the Service Provider to comply therewith inures to the benefit of the United States of America, HUD, and the Authority, any of which are entitled to invoke any remedies available by law to redress any breach or to compel compliance by the Service Provider.

D. In accordance with regulations issued by HUD pursuant to Section 504 of the Rehabilitation Act of 1973, as amended (24 CFR Part 8), the Service Provider must not discriminate against any otherwise qualified individual with handicaps.

E. In carrying out the obligations under this Agreement, the Service Provider shall not discriminate against any employee or applicant for employment because of race, religion, national origin, ancestry, sex, age, sexual preference, or physical handicap. The Service Provider will take affirmative action to insure that applicants are employed, and that employees are treated during employment, without regard to race, religion, national origin, ancestry, sex, age, sexual preference, or physical handicap. Such action includes, but is not limited to, the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training.

The Service Provider agrees to post on conspicuous places, available to employees and applicants for employment, notices substantially similar to those provided by HUD setting forth the provisions of this nondiscrimination clause. The Service Provider will in all solicitations or advertisements for employees placed by or on behalf of the Service Provider state that all qualified applicants will receive consideration for employment without regard to race, religion, national origin, ancestry, sex, age, sexual preference, or physical handicap. The Service Provider will incorporate the foregoing requirements of these Subparagraphs in all Agreements for project work, except Agreements for standard commercial supplies or raw materials, and will require all of its subcontractors for such work to incorporate such requirements in all subcontractors for project work.

21. COOPERATION IN EQUAL OPPORTUNITY COMPLIANCE REVIEWS. The Authority and the Service Provider must cooperate with HUD in the conducting of compliance reviews and complaint investigations pursuant to all applicable civil rights statutes, Executive Orders, and all related rules and regulations.

22. MINORITY/WOMEN'S BUSINESS ENTERPRISE; OTHER FEDERAL REQUIREMENTS.

A. The Service Provider shall make a good-faith effort to comply with the minority business enterprise ("MBE") and women's business enterprise ("WBE") levels of participation established by the Authority. It is the policy of the Authority that minority business enterprises as specified in former 24 CFR 85.36 shall have maximum opportunity to participate in the performance of this Agreement. The Service Provider agrees to assist the Authority in meeting its anticipated levels of participation by conducting outreach to MBEs and WBEs to ensure that these businesses have the maximum opportunity to compete for, and perform in, the Agreement.

B. The Service Provider must comply with and is subject to the requirements of the following, where applicable:

- i.** Executive Orders 12432, Minority Business Enterprise Development, and 12138, Creating a National Women's Business Enterprise Policy.
- ii.** Executive Order 11625, Prescribing Additional Arrangements for Developing and Coordinating a National Program for Minority Business Enterprises.
- iii.** 24 CFR Part 24, Participation, Debarment, Suspension, and Limited Denial of Participation.

23. DOCUMENTS. At the time of either termination of this Agreement or conclusion of all work, all original documents, designs, drawings, reports, logos, diskettes, computer files, notes and other related materials whether prepared by the Service Provider or subcontractor(s) or obtained in the course of providing the services to be performed pursuant to this Agreement shall become the sole property of the Authority. In the event any documentation has become a matter of public record, the Authority will cooperate with the County to ensure the County can comply with their obligation to disclose such record if a request is made under the state's Public Records Act.

24. LICENSES AND PERMITS. The Service Provider warrants that it's subcontractors have all necessary licenses and permits for the work to be performed under this Agreement.

25. WARRANTY OF SERVICE PROVIDER.

A. The Service Provider warrants that it is free to enter into this Agreement and is not subject to any obligation or disability which will or might prevent or interfere in fully keeping and performing all of the conditions to be kept and performed under this Agreement.

B. The Service Provider further warrants that it has not paid anyone for the purpose of entering into this Agreement, and that entering into this Agreement and performing the Services hereunder will not constitute a conflict of interest.

C. The Service Provider further warrants that neither it, nor its agents or representatives, has offered or given gratuities in the form of entertainment, gifts, favors or other items or services of value to any officer or employee of the Authority with a view toward securing: (i) award of this Agreement, (ii) amendment of the Agreement after award, (iii) favorable treatment of the Service Provider by the Authority in the administration of the Agreement or in the making of any determination with respect to the Service Provider's performance of its obligations under the Agreement.

26. NO ATTORNEY FEES. In the event any action, suit, or proceeding is brought for the enforcement of, or the declaration of, any right or obligation pursuant to this Agreement or as a result of any alleged breach of any provision of this Agreement, each party shall bear its own costs and expenses, including attorneys' fees, and any judgment or decree rendered in such a proceeding shall not include an award thereof.

27. DISPUTES. This Agreement is made, entered into, and executed in Los Angeles County, California, and any action filed in any court for the interpretation, enforcement or other action of the terms, conditions or covenants referred to herein shall be filed in the applicable court in Los Angeles County, California. This Agreement shall be construed, and all disputes hereunder shall be settled, in accordance with the laws of the State of California. Pending the final resolution of a dispute hereunder, the Service Provider shall proceed diligently with the performance of its obligations under this Agreement and in accordance with the Authority's instructions.

28. AUDIT AND INSPECTION OF RECORDS

A. The Service Provider shall furnish any information pertinent to this Agreement as may reasonably be required from time to time by the Authority or HUD.

B. After receipt of reasonable notice and during the regular business hours of the Service Provider, the Service Provider shall provide the Authority or HUD, or agents of either, such access to the Service Provider's records and facilities as the

Authority or HUD deems necessary to examine, audit, inspect, excerpt, photocopy or transcribe the Service Provider's records relative to work performed under this Agreement. Accounting and financial records shall be maintained in accordance with generally accepted accounting principles. All records shall be maintained and access shall be provided to the Authority during the entire term of this Agreement and for three (3) years after final payment by the Authority hereunder, unless the Authority gives written permission to the Service Provider to dispose of said records prior to this time.

29. FORCE MAJEURE. In the event that performance on the part of any party hereto shall be delayed or suspended as a result of circumstances beyond the reasonable control and without the fault or negligence of said party, none of the parties shall incur any liability to the other parties as a result of such delay or suspension. Circumstances deemed to be beyond the control of the parties hereunder shall include, but not be limited to, acts of God or of the public enemy; insurrection; acts of the federal government or any unit of state or local government in either sovereign or contractual capacity; fires; floods; epidemics; quarantine restrictions; strikes, freight embargoes or delays in transportation, to the extent that they are not caused by the party's willful or negligent acts or omissions, and to the extent that they are beyond the party's reasonable control.

30. NOTICES.

A. Any notices to be given pursuant to this Agreement shall be in writing, and all such notices and any other document to be delivered shall be delivered by personal service or by deposit in the United States mail, certified or registered, return receipt requested, postage prepaid, and addressed to the party for whom intended as follows:

To: Attn: Ryan Mulligan, Assistant Director of Section 8
Housing Authority, City of Los Angeles
2600 Wilshire Boulevard, 5th Floor
Los Angeles, CA 90057

To: Attn: Maria Funk
Mental Health Clinical District Chief
County of Los Angeles Department of Mental Health
695 S. Vermont Ave., 10th Floor
Los Angeles, CA 90005

B. Either party may, from time to time, by written notice to the other, designate a different address which shall be substituted for the one above specified. Notices, payments and other documents shall be deemed delivered upon receipt by personal service or upon deposit in the United States mail.

31. FAITH-BASED ACTIVITIES. Organizations that are religious or faith-based are eligible, on the same basis as any other organization, to participate in the Continuum of Care program. However, a Service Provider that participates in a Continuum of Care funded program will comply with the following provisions if it is deemed to be a religious or faith-based organization.

A. The Service Provider may not engage in inherently religious activities, such as worship, religious instruction, or proselytization, as part of the programs or services funded under this Agreement.

If the Service Provider conducts such activities, the activities must be offered separately, in time or location, from the program or services funded under this Agreement, and participation must be voluntary for the beneficiaries of the Shelter Plus Care-funded programs or services.

B. A religious or faith-based Service Provider will retain its independence from Federal, State, and local governments, and may continue to carry out its mission, including the definition, practice, and expression of its religious beliefs, provided that it does not use direct Continuum of Care funds to support any inherently religious activities, such as worship, religious instruction, or proselytization.

A religious or faith-based Service Provider may use space in their facilities to provide Continuum of Care funded services, without removing religious art, icons, scriptures, or other religious symbols.

A religious or faith-based Service Provider retains its authority over its internal governance, and it may retain religious terms in its organization's name, select its board members on a religious basis, and include religious references in its organization's mission statements and other governing documents.

C. A religious or faith-based Service Provider will not, in providing program assistance, discriminate against a program beneficiary or prospective program beneficiary on the basis of religion or religious belief.

32. ORDER OF PRECEDENCE – CONTINUUM OF CARE REQUIREMENTS. Except as specifically provided elsewhere in this Agreement, conflicting provisions of this Agreement shall prevail in the following order of precedence: (1) the provisions in the body of this Agreement; (2) the exhibits of the Agreement, if any; (3) all other documents cited in this Agreement or incorporated by reference. In the event of any conflict between

this Agreement and the Continuum of Care Requirements, the Continuum of Care Requirements shall prevail.

33. APPROVAL BY FUNDING SOURCE. If funding for this Agreement is provided by the Federal Government, the State of California or other external source, approval of the Agreement by the funding source may be required. If approval of an external funding source is required, this Agreement shall not be effective until such approval has been secured. If approval by the external funding source is denied prior to or during the Agreement term, then the Agreement shall be terminated at no fault of either party. If the Agreement award is terminated prior to the commencement date of the Agreement then any costs incurred by the Service Provider shall be deemed pre-contractual as defined in the procurement solicitation to which the Agreement responded and thus remains the Service Provider's responsibility. If the funding ceases during the Agreement term, upon receipt of said notice, the Service Provider shall immediately take action not to incur any additional obligations, costs or expenses, except as may be reasonably necessary to terminate its activities. The Authority shall pay the Service Provider its reasonable and allowable costs through the effective date of termination and those reasonable and necessary costs incurred by the Service Provider to effect such termination. Thereafter, the Service Provider shall have no further claims against the Authority under this Agreement.

34. COMPLIANCE WITH LOCAL, STATE, AND FEDERAL STATUTES AND REGULATIONS.

A. The Service Provider, in performance of this Agreement, warrants and certifies that it will comply with all applicable statutes, rules, regulations and orders of the United States, the State of California, the County of Los Angeles and the City of Los Angeles. The Service Provider understands that failure to comply with any of the following assurances may result in suspension or termination of this Agreement or any of the remedies provided for herein. The Service Provider further warrants and certifies that it will comply with new, amended, or revised laws, regulations, and procedures that apply to the performance of this Agreement.

B. The Service Provider warrants that it will comply with all applicable requirements of State, Federal, County and City of Los Angeles laws, executive orders, regulations, program and administrative requirements, policies and any other requirements governing this Agreement. The Service Provider will comply with new, amended, or revised laws, regulations, and procedures that apply to the performance of this Agreement.

35. EFFECT OF LEGAL JUDGMENT. Should any covenant, condition or provision of this Agreement be held to be invalid by final judgment in any court of competent jurisdiction, the invalidity of such covenant, condition or provision will not in any way affect any other covenant, condition or provision of this Agreement.

36. BINDING AUTHORITY TO SIGN AND AUTHORIZATION. Each of the Parties to this Agreement hereby represents that all necessary and appropriate actions of their governing bodies, as applicable, have been taken to make this Agreement a binding obligation of each of the Parties hereto. The persons executing this Agreement warrant that they are duly authorized to execute this Agreement on behalf of and bind the Parties each purports to represent.

37. COUNTERPARTS. This Agreement may be executed in counterparts, each of which shall be deemed to be an original.

38. ENTIRE AGREEMENT. This Agreement, including all exhibits and other documents incorporated herein or made applicable by reference, constitutes the entire agreement of the parties concerning the subject matter hereof and supersedes all prior agreements, understandings and commitments, whether oral or written. This Agreement shall not be amended in any way except by a writing expressly purporting to be such an amendment, signed and acknowledged by both of the parties hereto.

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IN WITNESS WHEREOF, the Authority and the Service Provider have executed this Agreement No. HA-2015-*SPC on the day and year first above written.

Approved as to form:
MICHAEL N. FEUER
City Attorney

**HOUSING AUTHORITY OF THE
CITY OF LOS ANGELES**

By _____
H. HELEN YUN
Deputy City Attorney

By _____
DOUGLAS GUTHRIE
President and CEO

Date _____

Date _____

General Counsel for the Housing Authority
of the City of Los Angeles

**LOS ANGELES COUNTY
DEPARTMENT OF MENTAL HEALTH**

By: _____

Marvin J. Southard, D.S.W.
Director of Mental Health

Date: _____

By: _____

Printed Name:

Title: _____

Date: _____

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found at on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award management (SAM) in order to apply for funding under the Continuum of Care (CoC) Program Competition. For more information see the FY 2014 Funding Notice and the FY 2013 – FY 2014 CoC NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2014 Funding Notice, FY 2013 – FY 2014 CoC Program NOFA and the FY 2013 General Section NOFA, including the General Section Technical Correction, and all requirements and criteria met.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with the instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Applicant must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in both the FY 2014 Funding Notice and the FY 2013 – FY 2014 CoC Program NOFA.

1A. Application Type

Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: Field intentionally left blank, cannot edit.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 10/28/2014

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: (e.g., expiring grant number)

6. Date Received by State:

7. State Application Identifier:

1B. Legal Applicant

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, exit this application, click on the "Applicants" list on the left menu, click on , place the Project Applicant Profile in "edit" mode by clicking on the "Edit" button on the 6. Submission Summary formlet, and correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode by clicking on the "Complete" button on the 6. Submission Summary formlet. Click "Back to Applicants List" on the left menu, then re-open the project application. The updated information in the Applicant Profile will appear in the project application.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant

a. Legal Name: HOUSING AUTHORITY OF THE CITY OF LOS ANGELES (HACLA)

b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6001623

	c. Organizational DUNS:	077233732	PL US 4	
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d. Address

Street 1: 2600 WILSHIRE BLVD., 3RD FLOOR

Street 2:

City: LOS ANGELES

County: LOS ANGELES

State: California

Country: United States

Zip / Postal Code: 90057-3400

e. Organizational Unit (optional)

Department Name: SECTION 8 SPA

Division Name:

**f. Name and contact information of person to
be
contacted on matters involving this
application**

Prefix: Mr.

First Name: TINZY

Middle Name:

Last Name: MILTON

Suffix: Jr.

Title: SPECIAL PROGRAMS COORDINATOR

Organizational Affiliation: HOUSING AUTHORITY OF THE CITY OF LOS
ANGELES (HACLA)

Telephone Number: (213) 252-6988

Extension:

Fax Number: (213) 252-2738

Email: Tinzy.MILTON@HACLA.ORG

1C. Application Details

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, exit this application, click on the "Applicants" list on the left menu, click on , place the Project Applicant Profile in "edit" mode by clicking on the "Edit" button on the 6. Submission Summary formlet, and correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode by clicking on the "Complete" button on the 6. Submission Summary formlet. Click "Back to Applicants List" on the left menu, then re-open the project application. The updated information in the Applicant Profile will appear in the project application.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

9. Type of Applicant: L. Public/Indian Housing Authority
If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance CoC Program
Title:

CFDA Number: 14.267

12. Funding Opportunity Number: FR-5800-N-30

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project form when the project application was initiated. To change the project name, click return to the Submission List and click on "Projects" on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this screen. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select district(s) in which the project is expected to operate.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project. For new project applications, indicate the estimated operating start and end date of the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

14. Area(s) affected by the project (state(s) only): California
 (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: HACLA Permanent Supportive Housing Bonus

16. Congressional District(s):

a. Applicant: CA-046, CA-033, CA-035, CA-036, CA-037, CA-039, CA-027, CA-029, CA-028, CA-031, CA-030, CA-034, CA-032, CA-025

b. Project: CA-046, CA-033, CA-035, CA-036, CA-037, CA-039, CA-027, CA-029, CA-028, CA-031, CA-030, CA-034, CA-032, CA-025
 (for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 07/01/2015

b. End Date: 06/30/2016

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. Compliance

Instructions:

Is Application Subject to Review By State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected an explanation is required in the space provided on this screen.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

- 19. Is the Application Subject to Review By State Executive Order 12372 Process?** b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

- 20. Is the Applicant delinquent on any Federal debt?** No

If "YES," provide an explanation:

1F. Declaration

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2013 – FY 2014 CoC Program NOFA (Section VI.A.1.b), the FY 2014 Funding Notice and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative's information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body's authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: ☒

21. Authorized Representative

Prefix: Mr.

First Name: Douglas

Middle Name:

Last Name: Guthrie

Suffix:

Title: President and CEO

Telephone Number: (213) 252-1810
(Format: 123-456-7890)

Fax Number: (213) 383-9719
(Format: 123-456-7890)

Applicant: Housing Authority of the City of Los Angeles
Project: HACLA Permanent Supportive Housing Bonus

077233732
116673

Email: douglas.guthrie@hacla.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 10/28/2014

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards: \$2,150,000

Organization	Type	Sub-Award Amount
Los Angeles County - Department of Mental Healt...	B. County Government	\$1,075,000
Los Angeles County - Department of Health Services	B. County Government	\$1,075,000

2A. Project Subrecipients Detail

Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient's behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at <http://www.dnb.com>.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select "Yes" or "No" if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select "Yes" or "No" to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person's organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person's telephone number and email (required); alternate number, extension, and fax number (optional).

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

a. Organization Name: Los Angeles County - Department of Mental Health (LAC-DMH)

b. Organization Type: B. County Government

If "Other" specify:

c. Employer or Tax Identification Number: 95-6000927

	* d. Organizational DUNS:	038032830	PL US 4:	
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e. Physical Address

Street 1: 550 S. Vermont Ave

Street 2:

City: Los Angeles

State: California

Zip Code: 90020

f. Congressional District(s): CA-046, CA-033, CA-035, CA-036, CA-037, CA-039, CA-027, CA-029, CA-028, CA-031, CA-030, CA-034, CA-032, CA-025
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$1,075,000

j. Contact Person

Prefix: Dr.

First Name: Maria

Middle Name:

Last Name: Funk

Suffix: Ph.D.

Title: District Chief

E-mail Address: mfunk@dmh.lacounty.gov
Confirm E-mail Address: mfunk@dmh.lacounty.gov
Phone Number: 213-251-6582
Extension:
Fax Number: 213-637-2336

2A. Project Subrecipients Detail

Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient's behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at <http://www.dnb.com>.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select "Yes" or "No" if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select "Yes" or "No" to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person's organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person's telephone number and email (required); alternate number, extension, and fax number (optional).

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

a. Organization Name: Los Angeles County - Department of Health Services

b. Organization Type: B. County Government
If "Other" specify:

c. Employer or Tax Identification Number: 95-6000927

	* d. Organizational DUNS:	099446254	PLUS 4:	
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e. Physical Address

Street 1: 313 North Figueroa Street, Suite 704

Street 2:

City: Los Angeles

State: California

Zip Code: 90012

f. Congressional District(s): CA-046, CA-033, CA-035, CA-036, CA-037, CA-038, CA-039, CA-027, CA-029, CA-028, CA-031, CA-030, CA-034, CA-032, CA-025
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$1,075,000

j. Contact Person

Prefix: Ms.

First Name: Cheri

Middle Name:

Last Name: Todoroff

Suffix:

Title: Deputy Director

E-mail Address: ctodoroff@dhs.lacounty.gov

Confirm E-mail Address: ctodoroff@dhs.lacounty.gov

Phone Number: 213-240-8363

Extension:

Fax Number: 213-482-3395

2B. Experience of Applicant, Subrecipient(s), and Other Partners

Instructions:

Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations: This is a required field. Describe why the applicant, subrecipients, and partner organizations (e.g., developers, key contractors, subcontractors, service providers) are the appropriate entities to receive funding. Provide concrete examples that illustrate their experience and expertise in the following: 1) working with and addressing the target population's identified housing and supportive service needs; 2) developing and implementing relevant program systems, services, and/or residential property construction and rehabilitation; 3) identifying and securing matching funds from a variety of sources; and 4) managing basic organization operations including financial accounting systems.

Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds: This is a required field. Include experience with all Federal, State, local and private sector funds. If the applicant and subrecipient have no experience leveraging other funds, include the phrase "No experience leveraging other Federal, State, local, or private sector funds."

Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system: This is a required field. Include the organization and management structure of the applicant and all subrecipients, making sure to include a description of internal and external coordination and the financial accounting system that will be used to administer the grant.

Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any): This is a required field. Select "Yes" or "No" to indicate whether or not the subrecipient has open OIG audit findings; poor or non-compliance with applicable Civil Rights Laws and/or Executive Orders; or open McKinney-Vento related monitoring findings. The question is related to those projects for which the subrecipient organization is either a direct recipient or a subrecipient.

Describe the unresolved monitoring or audit findings: This is a required field if "Yes" to the previous question. Use the space provided to explain the details of the unresolved monitoring or audit findings and the steps the applicant or subrecipient will take to resolve the findings.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

The Housing Authority of the City of Los Angeles (HACLA) is a public agency chartered in 1938 by the State of California to provide housing assistance to the low-income residents of Los Angeles. The annual budget is over \$1 billion with 761 employees. Funded by the United States Department of Housing and Urban Development (HUD), HACLA operates a Public Housing Program (6,971 units), and a Section 8 Housing Choice Voucher Program (HCVP—48,893 vouchers), the second largest Section 8 Program in the country. HACLA has been a high performer in the Section Eight Management Assessment Program, HUD's report card on Housing Authority performance, for the past 6 years.

HACLA assists more than 14,000 formerly homeless and chronically homeless (CH) households in six permanent supportive housing (PSH) programs--Shelter Plus Care, now called the CoC Rental Assistance (CoCRA) Program, for CH, high acuity clients (3,180 units); Moderate Rehabilitation Single Room Occupancy, for homeless individuals (1,107 units), HUD-Veterans Affairs Supportive Housing, for homeless and CH veterans (3,147 units); Project-Based Voucher, for the development of PSH for the homeless and CH (1,987 units), and two Section 8 Waiting List Limited Preference programs: Homeless, for mid acuity homeless individuals and families (4,111) and Tenant Based Supportive Housing (TBSH), for CH, high acuity individuals (800). HACLA also administers a "moving on" program for CoCRA clients that allows them to transition to the HCVP when they no longer need the high level of supportive services, freeing up those units for new high acuity CH clients.

For this application, HACLA has partnered with the Los Angeles County Departments of Mental Health (DMH) and Health Services (DHS) as its subrecipient supportive service partners. DMH and DHS have proven their capacity to provide supportive services to the CH population, and, along with HACLA, have the infrastructure in place to implement this grant quickly. They currently partner directly with HACLA in the CoCRA and TBSH programs, serving almost 800 CH households, as well as providing services to HACLA Homeless Program clients and other sub-recipients for hundreds of additional grant funded units.

DMH is the County agency responsible for planning, providing and administering the public Mental Health System of Care within Los Angeles County. With a budget of more than \$1 billion, and more than 265,000 unique clients, the DMH system is larger than most state mental health programs. DMH directly operates more than 50 sites countywide, and contracts with over 1,100 other providers, including non-governmental agencies and individual practitioners. A diverse spectrum of mental health services is provided to all ages, including mental health assessments; crisis intervention; individual, group and family treatment; case management; and medication support in acute inpatient, residential and outpatient settings. The majority of DMH clients suffer from chronic mental illnesses and a significant percentage are dually diagnosed with substance abuse disorders.

DMH has been providing specialized mental health services to the homeless population for more than 20 years, beginning with the implementation of the Federally funded Projects for Assistance in Transition from Homelessness (PATH) program. In 1999, Los Angeles piloted comprehensive, integrated services to homeless adults with serious mental illness through the California Assembly Bill (AB) 34 program which created a broad array of flexible, field-based services, making it possible for programs to deliver the comprehensive

continuum of services necessary to support individuals who are homeless or formerly homeless with obtaining and maintaining permanent housing and successfully living in the community. Proposition 63, also known as the Mental Health Services Act (MHSA), was passed by voters in November 2004. MHSA created a new permanent revenue source for transformation and expansion of mental health services statewide which has enabled DMH to expand its services to the homeless.

The mission of DHS is to ensure access to high quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners. DHS operates four hospitals including three acute care hospitals and one acute rehabilitation hospital. The DHS ambulatory care network includes 19 directly operated health centers and over 150 contracted Community Partner clinics. DHS has an annual budget of almost \$4 billion, has over 20,000 employees and has established 'medical homes' for over 250,000 patients.

DHS established the Housing for Health (HFH) division in 2012. HFH is focused on creating housing opportunities for homeless patients and clients of DHS who have complex medical and behavioral health conditions. Permanent supportive housing is linked to a flexible array of support services, including a Flexible Housing Subsidy Pool program of local rental assistance. Working in collaboration with support services providers, health care providers, housing finance agencies, housing developers, and philanthropy, HFH aims to ultimately facilitate the creation of thousands of housing units linked to the health system.

In 2012, DHS established Master Agreements with over 30 homeless services providers countywide to provide Intensive Case Management Services (ICMS) to clients. These services include outreach and engagement; case management with on-going monitoring and follow-up; linkage to health, mental health, substance use disorder services; assistance with benefits establishment; assistance with life skills, job skills, and educational and volunteer opportunities; and crisis intervention.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

HACLA leverages the rental assistance provided in its six permanent supportive housing programs with supportive services provided by the program partners. Public Agencies, such as DMH, DHS and Veterans Affairs, as well as over 30 community based organizations provide supportive services from a variety of their own sources, ranging from public agency funds, Continuum of Care Supportive Housing Program and Supportive Services Only grants to private fundraising. The Shelter Plus Care program has been leveraging funds for supportive services since 1992 and in 2013 match and leverage totaled over \$30 million. Security deposit assistance has been funded by Substance Abuse and Mental Health Services Act (SAMHSA) and Supportive Services for Veterans Families (SSFV) grants in previous years.

HACLA, DMH and DHS leveraged \$9 million over the past three years from private, business and foundation sources as part of the United Way of Greater Los Angeles' Home for Good effort, a cross-sector initiative to end chronic and veteran homelessness in Los Angeles County by 2016, in the form of supportive service funding and move-in assistance, including security and utility deposits, furniture, and household goods for clients moving into new homes.

Since becoming a subrecipient of federal housing funds, DMH has been successful at meeting its match and leverage goals. DMH is the Local Mental Health Plan for Los Angeles County through which all leveraged MediCal for specialty mental health services, other Federal mental health funding such as SAMHSA and PATH, State mental health funding such as Mental Health Services Act funds and County General Fund dollars for mental health are administered. DMH uses its multiple funding sources to meet the match and leverage requirements for its current CoCRA contracts and would do so in this proposal. The average per client per year depends on the intensity of the program the client is in, from approximately \$16,000 for clients in the intensive Full Service Partnership (FSP) program to \$5,000 in the Field Capable Clinical Service (FCCS) program to \$2,000 in the Wellness Center program.

DHS provides ICMS to all clients of its housing programs either through contract or agreement. The services include home visits; linkage to health, mental health, and substance use disorder services; and assistance with the establishment of mainstream benefits such as SSI, General Relief, Medi-Cal, and Healthy Way LA and total approximately \$5,400 per client per year. DHS has actively participated in the past several rounds of Los Angeles City and County agency PSH NOFA which have resulted in units being committed to house DHS patients in projects that will be coming online over the next several years. DHS has also leveraged \$4 million in private sector grant funds from the Conrad N. Hilton Foundation to fund its Flexible Housing Subsidy Pool of local rental assistance for homeless individuals.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

A seven member Board of Commissioners, appointed by the Mayor and approved by the LA City Council, governs the operations of HACLA. The President and CEO is responsible for HACLA's overall program and personnel administration. The Section 8 Director oversees all programs and operations within the Section 8 Department and has direct supervision of the Assistant Section 8 Directors. The S8 Department has five functional areas: Applications, Processing, Issuance and Contracting; Special Programs Operations and Administration (SPOA); Administrative Services; Service Delivery; and Inspections. Within SPOA is the Special Programs Administration (SPA) Office that processes applications, determines eligibility, completes initial contracting and provides on-going contract maintenance for the CoC rental assistance program. S8 contracts the services of Emphasys ("Elite") to use an application designed to track operations related to waiting list, inspections, rent calculations, tenant information, and HUD reports. HACLA processes monthly payments to landlords. The payment amounts are determined by S8 using Elite and transferred to Accounts Payable (AP) for processing. AP is one of the functional areas within the Finance Department headed by the CFO who reports directly to the CEO. Payments are made via direct deposit. The interface between Elite and the Finance Department Oracle system allows AP to gather and process S8 payments. HACLA has external controls in the form of annual independent audits.

DMH is one of 37 departments under the jurisdiction of LA County Board of Supervisors. DMH is structured by age group populations and specialty divisions of which Countywide Housing, Employment and Education Resource Development (CHEERD) is one. CHEERD provides administrative oversight and management of DMH's housing resources for people who are homeless. CHEERD works with DMH's CIO Bureau to capture the dollar value of all of the services provided to CoCRA participants that are billed through the Integrated System (IS) claiming system to be replaced by the Integrated Behavioral Health Information System (IBHIS). DMH uses information from the IS/IBHIS to capture the required in-kind service match and leverage. IS/IBHIS data is monitored by the Central Business Office and audited by County Auditor-Controller and State Department of Health Care Services.

DHS is an integrated system of providers, clinics, and hospitals. Housing for Health (HFH) is in the Community Health division of DHS. The HFH director is a member of DHS executive team. DHS has a finance division that oversees and manages budget and accounting operations. For DHS and DMH, the County of LA utilizes an electronic general ledger system known as eCAPS to process its accounts payables and cash collections. Cash management is handled centrally by the LA County Auditor-Controller, which also audits the agencies as does the State Department of Health Care Services.

4a. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)? No

3A. Project Detail

Instructions:

The selections made on this screen will determine the remaining screens that must be completed for this project application.

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select "No CoC."

CoC Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the "Project" Form and cannot be edited.

Project Status: The default selection is "Standard," indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2014 CoC Program competition. The selection should only be changed to "Appeal" in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see the CoC Program Competition Appeals Notice.

Component Type: This is a populated field with "PH" and cannot be edited. Permanent supportive housing or rapid re-housing projects are the only type of new projects applications that can be submitted in the FY 2014 CoC Program Competition.

Energy star: This field is required. Select "Yes" or "No" to indicate if Energy Star is being used in this project at one or more properties that will receive funding in this CoC Program Competition.

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1a. CoC Number and Name: CA-600 - Los Angeles City & County CoC

1b. CoC Applicant Name: Los Angeles Homeless Services Authority

2. Project Name: HACLA Permanent Supportive Housing Bonus

3. Project Status: Standard

4. Component Type: PH

5. Is Energy Star used at one or more of the proposed properties? No

6. Does this project use one or more properties that have been conveyed through the Title V process? No

3B. Project Description

Instructions:

Provide a description that addresses the entire scope of the proposed project: This field is required. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Please note that projects applying for permanent supportive housing bonus funds have additional requirements for the project description narrative. These requirements include but are not limited to describing the capacity for assessing need, prioritizing persons with the most severe needs and outreach to the chronically homeless, as well as experience with and a description of the program design for implementing housing first. Project applicants must review the FY 2014 Funding Notice for full details concerning these requirements.

Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work: This is a required field. Provide a schedule and describe both a management plan and implementation methodology that will ensure that the project will begin operating within the requirements described in the FY 2014 Funding Notice and CoC Program interim rule if it is selected for a funding award.

Will your project participate in a CoC Coordinated Assessment System: This is a required field. Select "Yes" if the project is currently participating in a coordinated assessment system. If a coordinated assessment system does not exist in the CoC or if the project does not participate, select "No."

Will your project have a specific population focus: This is a required field. Select "Yes" if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If "Yes" is selected, select the relevant checkbox(es) to identify the project's population focus. Please remember that applicants may only request PSH Bonus funds that serve exclusively chronically homeless or new reallocated funds for PSH projects that serve the chronically homeless or for RRH projects that serve households with children. At a minimum, the appropriate subpopulation should be reflected in the answer to this question.

Will the project follow a "Housing First" model: This is a required field. Select "Yes" if the project currently follows a housing first approach that allows the homeless to enter without barriers such as income, sobriety, etc. Select "No" if the project does not follow a housing first approach.

If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property. This field must be completed if the project applicant will request capital costs (e.g., acquisition, rehabilitation, or new construction) in the project application. Provide a detailed list of the activities and responsibilities assigned to the applicant and each subrecipient (if any). Note: A PSH Bonus project cannot request capital costs.

Will the PH project provide PSH or RRH: This is a required field. Select PSH if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select RRH if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

Indicate the maximum length of assistance. RRH projects may provide assistance to participants for a period of up to 24 months but may choose from 3, 12, 18, and 24 month periods. There is no time limit for PSH projects. Therefore, when PSH is selected, "Unlimited Assistance" will automatically populate and will be read only.

Will the project request costs under the rental assistance budget line item? This is a required field. If requesting rental assistance, select Yes from the dropdown menu. If not requesting rental assistance in this project application, select No.

Describe the method for determining the type, amount, and duration of rental assistance that participants can receive. If the project is requesting rental assistance, describe the method or process the applicant will use to determine the type, amount, and duration of rental assistance that participants can receive. For PSH projects this generally means a brief explanation of the choice of rental assistance type (PRA, SRA, or TRA) as all PSH projects are required to offer

unlimited duration of assistance.

Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation: This is a required field. If "Yes" is selected, explain how and why the project will implement this requirement for participants to live in particular structure, unit, or locality during all or a portion of the period of participation.

Will more than 16 persons live in one structure: This is a required field. If "Yes" is selected, describe the local market conditions that necessitate a project of this size and describe how the project will be integrated into the neighborhood.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Provide a description that addresses the entire scope of the proposed project.

HACLA proposes to provide Tenant-Based Rental Assistance to 527 CH individuals and 20 CH families with the most severe service needs. Outreach and prioritization of this group will be done by the CoC's Coordinated Assessment System (See 5C.3.) which DMH and DHS will utilize to identify program participants. After initial and on-going health and supportive service needs assessment, clients will be offered a range of physical and mental health services, including case management, individual and group counseling, crisis intervention and medical support. Other resources will also be available to clients such as: vocational and educational services; substance abuse treatment programs; HIV/AIDS resource referrals; benefits advocacy; life skills training and linkage to a broad spectrum of community resources such as food and clothing banks. Case managers will also assist clients with paperwork completion, housing search assistance and tenant/landlord dispute mediation. Through this comprehensive system of health and supportive services, HACLA proposes to expand options for chronically homeless high acuity clients in Los Angeles by combining housing and services that promote self-sufficiency, independence and long term housing stability.

HACLA, DMH and DHS embrace the Housing First model. The agencies require their staff and contract agencies to use the Housing First model to assist clients in attaining the housing of their choice without prerequisites or conditions such as psychiatric treatment, sobriety, or living successfully in transitional housing prior to being housed. No demonstration of "housing readiness" is required. HACLA, DMH and DHS have great experience with Housing First since their participation in the landmark Project 50 program in 2007. The objective of the program was to move 50 of the most vulnerable chronically homeless persons from the most concentrated area of homelessness in Los Angeles County (Skid Row) into PSH. Four years after its implementation, Project 50 reported an 82% retention rate for the participants who moved directly from the streets into PSH using the Housing First model. Project 50 has been expanded across the region with Housing First as its centerpiece. CES and Housing First will be utilized in this project.

DMH and DHS are the mainstream resources of supportive services in L.A. County and a key role of case managers is to actively assist clients to enroll in health benefits for which they are eligible, such as Medi-Cal (Medicaid in California), at time of initial intake and assessment. DMH and DHS are the health safety net providers in the county and 60-80% of their clients have Medi-Cal. Supportive service that will be billed through Medi-Cal include case management, behavioral health services, medication support and education, individual and group therapy and crisis intervention—all services necessary to support housing stability.

2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.

HACLA, DMH and DHS have structures and processes in place to achieve full utilization of the awarded units and placement of case managers within the following timeframes.

Timeframe	% of Units Leased
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1-3 months	10%
4-6 months	40%
7-9 months	70%
10-12 months	100%

Timeframe	Supportive service case managers funded through the grant in place
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1st Month	4
2nd Month	11
3rd Month	18
4th Month	25
5th Month	32
6th-12th Month	36

Each agency has a specific unit tasked with ensuring effective and timely completion of all work. At HACLA, the SPA office's Shelter Plus Care unit will process all applicant referrals from eligibility determination and certificate issuance to inspection of units and housing assistance payments contract execution. HACLA anticipates that 8-10 staff persons will be need for this project and as applicants need to be front loaded into the process and issued certificates early in the grant period so there is time for them to locate units and complete leasing, 2/3 of the staff will be in place by the 5 month. Financing to pay for this staff will be requested from the United Way's Home For Good Funders Collaborative. At DMH, the CHEERD Division's Federal Housing Subsidies unit will prepare application referrals and assist clients through every step of the leasing process. At DHS, the HFH unit will perform this function.

The three agencies have a history of working together to house clients quickly and will expand on that model for this project. HACLA will track weekly the number of new referrals received from DMH and DHS to ensure that they are being made at a rate to meet the leasing timelines. HACLA, DMH and DHS will conduct weekly conference calls of unit supervisors to review and adjust as necessary the pace of applicant referrals and monitor applicants in the various stages of production to identify and address bottlenecks in the system and resolve individual client issues.

3. Will your project participate in the CoC Coordinated Assessment System? Yes

4. Will your project have a specific population focus? Yes

4a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	<input checked="" type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families	<input checked="" type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

Other:

5. Will the project follow a "Housing First" model? Yes

6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

7. Will the PH project provide PSH or RRH? PSH

7a. Indicate the maximum length of assistance: Unlimited assistance

8a. Will the project request costs under the rental assistance budget line item? Yes

8b. Describe the method for determining the type, amount, and duration of rental assistance that participants can receive.

DMH and DHS case managers will assist participants in locating units of their own choosing by accompanying them to rental showings, helping them complete rental applications and utilizing a wide variety of housing resources to find units, including HACLA's listings and their own relationships with landlords. HACLA will provide tenant based rental assistance at a maximum contract rent of the Fair Market Rent and ensure that the rent is reasonable through use of its third party vendor comparable rent program. Participants will receive assistance of unlimited duration.

9a. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? No

10a. Will more than 16 persons live in one structure? No

3C. Project Expansion Information

Instructions:

Will the project use an existing housing facility or incorporate activities provided by an existing project: This is a required field. Select "Yes" or "No" to indicate whether the proposed project expands an existing project in any way either by increasing the number of persons served, providing additional supportive services, bringing existing facilities up to state or local government health and safety standards, or if the funding replaces the loss of non-renewable funding. If "Yes," select all of the applicable expansion activities and provide a description for each.

Select the activities below that describe the expansion project, and click on the "Save" button below to provide additional details. Select one or more of the following activities that describe the type of expansion being proposed. Once all selections have been made, click on the "Save" button in order for follow-up questions related to the applicable selections to be made visible.

Increase the number of homeless persons served
The project applicant will complete a table to indicate what the current level of effort (i.e., number of persons currently being served) and what the new level of effort will be as a result of this expansion project. The project applicant should enter the number of persons/units/beds based on the full capacity (currently and after expansion) at a single point in time and not based on the number of persons served over the course of an operating year.

Provide additional supportive services to homeless persons
Select from the available items in the first menu and click "Add" or "Add All" to move them to the second menu. To cancel selection of one or more items added to the second menu, click on the appropriate selection(s) and then click "Remove" or "Remove All."
Use the text box provided to justify the supportive service increase indicated in the second menu screen above.

Bring existing facilities up to state or local government health and safety standards
Use the text box provided to describe how the project is proposing to "bring the existing facility(ies) up to state/local government health and safety standards." Please reference the applicable standard(s).

Replace the loss of nonrenewable funding
a) Use the text box provided to describe the source of non-renewable funding.
b) Use the text box provided to describe why the funds are non-renewable.
c) Select the date from the date field corresponding to the date when the non-renewable funds will expire.
d) Use the text box provided to describe what steps were taken to obtain other funding sources.
e) Use the text box provided to describe why CoC Program funds are needed to continue operating the project.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project? No

4A. Supportive Services for Participants

Instructions:

Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families: This is a required field. Select "Yes," "No," or "N/A" to indicate whether the project policies provide for educational and related services to individuals and families experiencing homelessness, and if the policies are consistent with local and federal educational laws, including the McKinney-Vento Act. Only projects that do not serve families with children or unaccompanied youth should select "N/A." If "No" is selected, the project applicant will be required to answer an additional question.

Does the proposed project have a designated staff person to ensure that children are enrolled in school and receive educational services, as appropriate: This is a required field. Select "Yes," "No," or "N/A" to indicate whether the project has a designated staff person responsible for ensuring that children and youth are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services. Only projects that do not serve families with children or unaccompanied youth should select "N/A." If "No" is selected, the project applicant will be required to answer an additional question.

Describe the manner in which the project applicant will take into account the educational needs of children when youth and/or families are placed in housing: This is a required field if a response of "No" is given for either one of the two preceding questions. Use this space to explain how the project will plan to meet the educational needs of children and youth participants according to the requirements specified under section 426.B.4 of the McKinney-Vento Act as amended by HEARTH.

Describe how participants will be assisted to obtain and remain in permanent housing: This is a required field. Describe how the project applicant will assist project participants to obtain and remain in permanent housing. The response should address how the applicant will take into consideration the needs of the target population and the barriers that are currently preventing them from obtaining and maintaining permanent housing. The applicant should describe how those needs and barriers will be addressed through the case management and/or other supportive services that will be offered through the project. If participants will be housed in units not owned by the project applicant, the narrative must also indicate how appropriate units will be identified and how the project applicant or subrecipient will ensure that rents are reasonable. Established arrangements and coordination with landlords and other homeless services providers should be detailed in the narrative.

Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently: This is a required field. Describe the supportive services that will be provided to help project participants locate employment and access mainstream resources so that they are more likely to be able to live independently.

For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider or mode of Access is relevant for a single service, please select the provider and mode of access that corresponds to the highest frequency.

- Provider: select one of the following: "Applicant" to indicate that the applicant will provide the service directly; "Subrecipient" to indicate that a subrecipient will provide the service directly; "Partner" to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, "Non-Partner" to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Access: Select the most common method of access for participants. If more than one mode is equally common, choose the most convenient.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as "—select—" when services are not applicable.

To what extent are most community amenities available to project participants: This field is required. Select the answer that best fits the level of accessibility of community amenities such as: Schools, libraries, houses of worship, grocery stores, laundromats, doctors, dentists, parks or recreation facilities. If accessibility varies significantly by amenity, choose the level that best describes most of the amenities or the average accessibility of amenities.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1a. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families? Yes

1b. Does the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate? Yes

2. Describe how participants will be assisted to obtain and remain in permanent housing.

DMH and DHS will provide intensive outpatient programs to clients and limit the case manager (CM) to client ratio to 1:15. CM will be responsible for coordinating the delivery of integrated primary healthcare and recovery services, and the other supportive services necessary for housing stability, such as life skills, household budgeting and vocational training. CM will assist clients obtain housing by helping them through all phases of the lease up process, including paperwork completion and housing search assistance--utilizing their landlord relationships/listings and accompanying clients to rental showings. HACLA will ensure the contract rent is reasonable through use of its third party vendor comparable rent program. Throughout tenancy, the three agencies will communicate closely to assist participants to remain housed by ensuring lease and HACLA requirement compliance. CM will avert possible evictions by working directly with landlords to act as mediators in rental disputes.

3. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.

DMH and DHS will assess all participants for vocational capacity. Individuals who are able to work will be connected to appropriate educational/job training programs. The County Departments have facilitated the development of partnerships with employment and education providers throughout LA County including LAUSD, WorkSource Centers, State Department of Rehabilitation, community colleges, adult education and apprenticeship programs. Employment services consist of pre-employment, job training and placement and post placement, such as resume writing, application completion, interviewing, job coaching and job retention skill building assistance. Additional resources available to clients include support groups that address goal-setting, self-esteem development, and money management.

For individuals who are unable to work, case managers will screen participants for income and other benefits (General Relief, SNAP, SSI, SSDI) and will assist in the application process. (As noted previously all participants will be assessed for Medi-cal and other medical insurance as well.) Benefit assistance will entail collecting necessary documentation, accompaniment to medical appointments, and coordination and submission of applications. If participants are denied any benefits, case managers will work with them to appeal when appropriate to do so. When a participants benefits are terminated, the case manager will work with the participant to reinstate benefits. All case managers are required to attend trainings on benefits advocacy.

4. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.

Click 'Save' to update.



Supportive Services	Provider	Access	Frequency
Assessment of Service Needs	Subrecipient	Onsite	As needed
Assistance with Moving Costs	Subrecipient	Onsite	As needed
Case Management	Subrecipient	Onsite	Weekly
Child Care	Non-Partner	Public/private regional transportation	As needed
Education Services	Subrecipient	Onsite	As needed
Employment Assistance and Job Training	Subrecipient	Onsite	As needed
Food	Non-Partner	Program van	As needed
Housing Search and Counseling Services	Subrecipient	Onsite	Weekly
Legal Services	Non-Partner	Program van	As needed
Life Skills Training	Subrecipient	Onsite	Weekly
Mental Health Services	Subrecipient	Onsite	Weekly
Outpatient Health Services	Subrecipient	Onsite	As needed
Outreach Services	Subrecipient	Onsite	Daily
Substance Abuse Treatment Services	Subrecipient	Program van	Weekly
Transportation	Subrecipient	Program van	As needed
Utility Deposits	Subrecipient	Onsite	As needed

5. How accessible are most community amenities to project participants?

Most Community Amenities
Schools, libraries, houses of worship, grocery stores, Laundromats, doctors, dentists, parks or recreation facilities.

Access
Very accessible: No transportation barriers, easily within reach of all participants.

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

Total Units: 547

Total Beds: 567

Total Dedicated CH Beds: 567

Total Non-Dedicated CH Beds: 0

Housing Type	Units	Beds	Dedicated CH Beds	Non-Dedicated CH Beds
Scattered-site apartments (...)	547	567	567	0

4B. Housing Type and Location Detail

Instructions:

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as "CH Beds" on a CoC's Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated to the chronically homeless, enter "0." If this is a new reallocated PSH project, all beds must be dedicated to the chronically homeless.

How many of the total beds entered in "b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2014 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter "0."

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 547

b. Beds: 567

c. How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless? 567

d. How many of the total beds entered in "b. Beds" are not dedicated to the chronically homeless but will still be used to assist the chronically homeless? 0

3. Address:

Street 1:

Street 2:

City: Los Angeles

State: California

ZIP Code:

4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key) 062118 LOS ANGELES

5A. Project Participants - Households

Instructions:

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and on child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the "Total Number..." and "Total Persons" rows will automatically calculate when the "Save" button is clicked.

Please note that New RRH projects may only serve families (i.e. households with children, or households with only children).

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	20	527	0	547

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Disabled Adults over age 24	20	527		547
Non-disabled Adults over age 24	0	0		0
Disabled Adults ages 18-24	0	0		0
Non-disabled Adults ages 18-24	0	0		0
Accompanied Disabled Children under age 18	0		0	0
Accompanied Non-disabled Children under age 18	20		0	20
Unaccompanied Disabled Children under age 18			0	0
Unaccompanied Non-disabled Children under age 18			0	0
Total Number of Adults over age 24	20	527		547
Total Number of Adults ages 18-24	0	0		0
Total Number of Children under age 18	20		0	20
Total Persons	40	527	0	567

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Instructions:

*This screen can only be completed once Screen "5A. Project Participants – Households" has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on the screen according to household types.

Persons in Households with at Least One Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the "Total Persons" rows will calculate automatically when the "Save" button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column "Persons not represented by listed subpopulations." Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

Please note that New PSH projects may only serve the chronically homeless (i.e. the head of household must have a qualifying disability and be considered chronically homeless according to the chronic homeless definition).

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Disabled Adults over age 24	20	0	0	2	0	9	0	9	0	0
Non-disabled Adults over age 24	0	0	0	0	0	0	0	0	0	0
Disabled Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Non-disabled Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Disabled Children under age 18										

Non-disabled Children under age 18	20			0	0	0	0	0	0	0
Total Persons	40	0	0	2	0	9	0	9	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AID S	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Disabled Adults over age 24	527	0	0	55	0	236	0	236	0	0
Non-disabled Adults over age 24	0	0	0	0	0	0	0	0	0	0
Disabled Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Non-disabled Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Total Persons	527	0	0	55	0	236	0	236	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AID S	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Accompanied Disabled Children under age 18										
Accompanied Non-disabled Children under age 18										
Unaccompanied Disabled Children under age 18										
Unaccompanied Non-disabled Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

5C. Outreach for Participants

Instructions:

Enter the percentage of homeless person(s) who will be served by the proposed project for each of the following locations: This is a required field. The population to be served must meet program eligibility requirements in 24 CFR 578 and additional eligibility requirements in both the FY 2013 – FY 2014 CoC Program NOFA and FY 2014 Funding Notice for permanent supportive housing and rapid re-housing. To complete this table, enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:

- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Homeless persons as defined under other federal statutes (TH and SSO only and HUD approval REQUIRED)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the "Save" button is clicked. A warning message will appear if the total is greater than 100%.

If the total is less than 100 percent, identify how the persons meet HUD's definition of homeless and the project type eligibility requirements: This field is required if the total percentage calculate above is less than 100 percent. If required, explain where the unaccounted for participants will come from. All participants served in CoC Program funded projects must meet eligibility criteria set forth in the CoC Program interim rule and the FY 2014 Funding Notice.

Describe the outreach plan to bring these homeless participants into the project: This field is required. Describe how the applicant/subrecipient plans to bring homeless persons into the project. Also describe the contingency plan that the applicant/subrecipient will implement if the project experiences difficulty in meeting the requirements to serve exclusively chronically homeless individuals and/or families. The contingency plan may include re-evaluating the intake assessment procedures or outreach plan.

Please note that the definition of Chronic Homelessness qualifies persons as chronically homeless only when they come from the street or other locations not meant for human habitation, emergency shelter, or safe havens. Additionally, to qualify for rapid rehousing, persons may only come from the street or other locations not meant for human habitation, emergency shelter, or safe havens.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Enter the percentage of project participants that will be coming from each of the following locations.

60%	Directly from the street or other locations not meant for human habitation.
40%	Directly from emergency shelters.
	Directly from safe havens.
	From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.

60%	Directly from the street or other locations not meant for human habitation.
	Persons fleeing domestic violence.
100%	Total of above percentages

2. If the total is less than 100 percent, identify how the persons meet HUD's definition of homeless and the project type eligibility requirements.

3. Describe the outreach plan to bring these homeless participants into the project.

In January 2013, the United Way of Greater Los Angeles' Home For Good stakeholders piloted a Coordinated Entry System (CES) for single adults in Skid Row in partnership with fourteen (14) homeless service providers and other agencies, including HACLA, DMH, DHS, HUD, VA, the Los Angeles Homeless Services Authority (LAHSA), and Corporation for Supportive Housing. The successful Skid Row Pilot was then expanded countywide to all eight (8) County Service Planning Areas (SPAs).

With the CES, homeless persons are assessed and prioritized for housing. The assessment tool used by the Los Angeles CES is the Vulnerability Index-Service Prioritization and Decision Assistance Tool (VI-SPDAT). The VI-SPDAT has been recognized by HUD and embraced by more than 100 communities across the country as a reliable way to assess the housing/service needs of homeless persons and prioritize those with the most acute needs for the most intensive interventions, like Permanent Supportive Housing. The CES teams have focused outreach and assessment on those individuals likely to be chronically homeless, and more than 6,000 VI-SPDAT assessments have been performed throughout Los Angeles City and County. Outreach teams fan out across the region to locate the homeless where they are--on the streets, under freeways, in riverbed encampments and emergency shelters--to administer the VI-SPAT and enter the clients into the system.

HACLA, DMH and DHS will utilize the L.A. CES to identify CH with the most severe needs for all single adult referrals for this grant. HACLA will monitor its use through protocols developed with the CES SPA Lead agencies. LAHSA, the lead agency for Los Angeles' Continuum of Care, has also developed a coordinated entry system for families. This Homeless Family Solutions System (HFSS) utilizes a similar assessment tool for families and will be utilized in this grant to assist the chronically homeless families with most severe needs.

6A. Standard Performance Measures

Instructions:

Housing Measures: This is a required field. Persons remaining in permanent housing as of the end of the operating year or exiting to permanent housing (subsidized or unsubsidized) during the operating year: Count each participant who is still living in your units supported by your facility as well as clients who have exited your units and moved into another permanent housing situation.

Income Measure: This is a required field where at least one option must be chosen by the project applicant.

- a. Persons age 18 and older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Total income can include all sources, public and private
- b. Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Earned income should only include income from wages and private investments, and not public benefits.

For each measure, enter a number in the blank cells according to the following instructions:
Universe (#): Enter the total number of persons about whom the measure is expected to be reported. The Universe is the total pool of persons that could be affected.

Target (#): Enter the number of applicable clients from the universe who are expected to achieve the measure within the operating year. The Target is the total number of persons from the pool that are affected.

Target (%): This field will be calculated automatically when all required fields are entered and saved. For example, if 80 out of 100 clients are expected to remain in the permanent housing program or exit to other permanent housing, the target % should be "80%."

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Specify the universe and target for the housing measure. Click 'Save' to calculate the target percent (%).

Housing Measure	Target (#)	Universe (#)	Target (%)
a. Persons remaining in permanent housing as of the end of the operating year or exiting to permanent housing (subsidized or unsubsidized) during the operating year.	510	567	90%

2. Choose one income-related performance measure from below, and specify the universe and target numbers for the goal. Click 'Save' to calculate the target percent (%).

Income Measure	Target (#)	Universe (#)	Target (%)
a. Persons age 18 and older who maintained or increased their total income(from all sources) as of the end of the operating year or program exit.	306	547	56%
OR			
b. Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit.			0%

6B. Additional Performance Measures

**Specify up to three additional measures on which the project will report performance in the Annual Performance Report (APR).
To add information to this list, click on the icon and enter the requested information.**

Proposed Measure
This list contains no items

7A. Funding Request

Instructions:

Will it be feasible for the project to be under grant agreement by September 30, 2016: This is a required field. Select "Yes" or "No" to indicate if this project application is awarded if it will be in a position to begin operating by September 30, 2016. The FY 2014 HUD Appropriations Act requires HUD to obligate FY 2014 CoC Program funds by this date. If "No" is selected, or if the deadline is not met may result in the rejection of a grant or the recapture of conditionally awarded funds.

Is the project proposing to use funds reallocated from the CoC's annual renewal demand OR is the project applying for funding through the permanent supportive housing bonus? Select "Reallocation" if this project application was created through the use of funds reallocated from one or more eligible renewal projects. Select "Permanent Supportive Housing Bonus" if this project is applying for permanent supportive housing bonus funds.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select "Yes" or "No" to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult OMB circulars A-122 and A-87 and contact your local HUD office.

Select a grant term: This is a required field. Select the term of the proposed project application. The selection here will determine how the "Summary Budget" will calculate the total funding request. Please refer to the FY 2014 Funding Notice for details concerning grant terms and years of funding for different project types and eligible costs.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budgets for which funding is being requested. The choices available will depend on the project type selected on Screen 3B. The following eligible cost budgets may be listed: acquisition/rehabilitation/new construction, leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities for which the applicant is requesting funding from HUD through the FY 2014 CoC Program competition. NOTE: Permanent supportive housing bonus projects may not request capital costs. They may request scattered site leasing or tenant based rental assistance; or, if and only if, the applicant can demonstrate that it owns a building or units that are ready to be occupied it may instead request operating costs, project based rental assistance, or sponsor based rental assistance.

If you do not see the eligible cost budgets that you expected, you may need to return to Screen "3B. Project Description" to review the type of project selected. See the FY 2014 Funding Notice and the FY 2013 – FY 2014 CoC Program NOFA for additional guidance.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Will it be feasible for the project to be under grant agreement by September 30, 2016? Yes

2. Is the project proposing to use funds reallocated from the CoC's annual renewal demand OR is the project applying for funding through the permanent supportive housing bonus? Permanent Supportive Housing Bonus

3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Select a grant term: 1 Year

5. Select the costs for which funding is being requested:

Acquisition/Rehabilitation/New Construction	<input type="checkbox"/>
Leased Units	<input type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operating	<input type="checkbox"/>
HMIS	<input type="checkbox"/>



Funding_Request HIDDEN

(HIDDEN) Grant Term in years, for use in 1
calculations:

(HIDDEN) Grant Term in Months, for use in 12
calculations:

Acquisition/Rehabilitation/New Construction (Hidden)	
Supportive Services (Hidden)	X
Rental Assistance (Hidden)	X
Leased Units (Hidden)	
Leased Structures (Hidden)	
Housing Relocation & Stabilization (Hidden)	
Operating (Hidden)	
HMIS (Hidden)	

7E. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the  icon. To view or update information already listed, select the  icon.

Total Request for Grant Term:		\$7,184,412	
Total Units:		547	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	CA - Los Angeles-Long Beach, CA HUD M...	547	\$7,184,412

Rental Assistance Budget Detail

Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2014 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2014 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding "HUD Paid Rent" and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated based on the grant term selected on Screen "7a. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on total annual assistance requested multiplied by the grant term.

Additional Resources can be found at the HUD Exchange:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: CA - Los Angeles-Long Beach, CA HUD Metro FMR Area (0603799999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months			Total Request (Applicant)
SRO		x	\$672	x	12		=	\$0
0 Bedroom		x	\$896	x	12		=	\$0
1 Bedroom	527	x	\$1,083	x	12		=	\$6,848,892

2 Bedrooms	20	x	\$1,398	x	12	=	\$335,520
3 Bedrooms		x	\$1,890	x	12	=	\$0
4 Bedrooms		x	\$2,106	x	12	=	\$0
5 Bedrooms		x	\$2,422	x	12	=	\$0
6 Bedrooms		x	\$2,738	x	12	=	\$0
7 Bedrooms		x	\$3,054	x	12	=	\$0
8 Bedrooms		x	\$3,370	x	12	=	\$0
9 Bedrooms		x	\$3,686	x	12	=	\$0
Total Units and Annual Assistance Requested	547						\$7,184,412
Grant Term							1 Year
Total Request for Grant Term							\$7,184,412

Click the 'Save' button to automatically calculate totals.

7F. Supportive Services Budget

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service. Applicants applying for funding under the Permanent Supportive Housing Bonus must review the FY 2014 Funding Notice for additional restrictions in requesting supportive service costs.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits HUD's understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on an award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated based on the grant term selected on Screen "7A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>


A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	36 Case Managers / Case Load Ratio 1:15	\$2,150,000
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		

12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$2,150,000
Grant Term		1 Year
Total Request for Grant Term		\$2,150,000

Click the 'Save' button to automatically calculate totals.

7I. Sources of Match/Leverage

The following list summarizes the funds that will be used as Match or Leverage for the project. To add a Matching/Leverage source to the list, select the  icon. To view or update a Matching/Leverage source already listed, select the  icon.

Summary for Match

Total Value of Cash Commitments:	\$0
Total Value of In-Kind Commitments:	\$2,500,000
Total Value of All Commitments:	\$2,500,000

Summary for Leverage

Total Value of Cash Commitments:	\$0				
Total Value of In-Kind Commitments:	\$20,000,000				
Total Value of All Commitments:	\$20,000,000				
Match/ Leverage	Type	Source	Contributor	Date of Commitment	Value of Commitments
Match	In-Kind	Government	LAC-DMH and LAC-DHS	10/10/2014	\$2,500,000
Leverage	In-Kind	Government	LAC-DMH and LAC-DHS	10/10/2014	\$20,000,000

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review rule 24 CFR Part 578, the FY 2014 Funding Notice, and the FY 2013 - FY 2014 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of Source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of Written Commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Leverage screen will populate the Screen "7J. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Will this commitment be used towards match or leverage? Match
2. Type of commitment: In-Kind
3. Type of source: Government
4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable) LAC-DMH and LAC-DHS
5. Date of Written Commitment: 10/10/2014
6. Value of Written Commitment: \$2,500,000

Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review rule 24 CFR Part 578, the FY 2014 Funding Notice, and the FY 2013 - FY 2014 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of Source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of Written Commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Leverage screen will populate the Screen "7J. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1. Will this commitment be used towards match or leverage? Leverage
2. Type of commitment: In-Kind
3. Type of source: Government
4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable) LAC-DMH and LAC-DHS
5. Date of Written Commitment: 10/10/2014
6. Value of Written Commitment: \$20,000,000

7J. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to the field "9. Admin (Up to 10%)."

Admin (Up to 10%): Enter the amount of requested administration funds. The grant will not fund greater than 10% of the request listed in the field "Sub-Total Eligible Costs Request." Additionally, HUD will not fund greater than 7% of the request listed in the field "Sub-Total Eligible Costs Requested," if the CoC received bonus points in the FY 2013 CoC Program competition for submitting all CoC projects at or below 7%. If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is this is the total amount of funding the project applicant will request in the FY 2014 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen "7I. Sources of Match/Leverage" to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen "7I. Sources of Match/Leverage" to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field "Total Eligible Costs Request" minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen "7I. Sources of Match/Leverage" to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

Eligible Costs			Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	
2a. Leased Units	\$0	1 Year	\$0
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2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$7,184,412	1 Year	\$7,184,412
4. Supportive Services	\$2,150,000	1 Year	\$2,150,000
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$9,334,412
8. Admin (Up to 10%)			\$653,409
9. Total Assistance Plus Admin Requested			\$9,987,821
10. Cash Match			\$0
11. In-Kind Match			\$2,500,000
12. Total Match			\$2,500,000
13. Total Budget			\$12,487,821

Click the 'Save' button to automatically calculate totals.

8A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 8A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected "No CoC" on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan.

If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	DMH / DHS Leverag...	10/28/2014
3) Other Attachment(s)	No	Code of Conduct	10/28/2014
2) Other Attachment(s)	No	HUD Forms/Docs/Le...	10/28/2014

Attachment Details

Document Description: DMH / DHS Leverage & Match Letters

Attachment Details

Document Description: Code of Conduct

Attachment Details

Document Description: HUD Forms/Docs/Letter

8B. Applicant Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.**15-Year Operation Rule.**

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: Douglas Guthrie

Date: 10/28/2014

Title: President and CEO

Applicant Organization: HOUSING AUTHORITY OF THE CITY OF LOS ANGELES (HACLA)

PHA Number (For PHA Applicants Only): CA004

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

X

9B. Submission Summary

Page	Last Updated
1A. Application Type	No Input Required
1B. Legal Applicant	No Input Required
1C. Application Details	No Input Required
1D. Congressional District(s)	10/26/2014
1E. Compliance	10/23/2014
1F. Declaration	10/22/2014
2A. Subrecipients	10/28/2014
2B. Experience	10/28/2014
3A. Project Detail	10/22/2014
3B. Description	10/28/2014
3C. Expansion	10/23/2014
4A. Services	10/27/2014
4B. Housing Type	10/27/2014
5A. Households	10/27/2014
5B. Subpopulations	No Input Required
5C. Outreach	10/26/2014
6A. Standard	10/27/2014
6B. Additional Performance Measures	No Input Required
7A. Funding Request	10/22/2014
7E. Rental Assistance	10/27/2014
7F. Supp Srvcs Budget	10/23/2014
7I. Match/Leverage	10/28/2014
7J. Summary Budget	No Input Required
8A. Attachment(s)	10/28/2014
8B. Certification	10/23/2014



LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
550 S. VERMONT AVE., LOS ANGELES, CA 90020 HTTP://DMH.LACOUNTY.GOV



MARVIN J. SOUTHARD, D.S.W.
Director
ROBIN KAY, Ph.D.
Chief Deputy Director
RODERICK SHANER, M.D.
Medical Director

October 10, 2014

Douglas Guthrie
President and CEO
Housing Authority of the City of Los Angeles (HACLA)
2600 Wilshire Blvd.
Los Angeles, CA 90057

Re: HACLA Permanent Supportive Housing (PSH) Bonus Program

Dear Mr. Guthrie:

This letter provides documentation that Los Angeles County Department of Mental Health (DMH) is self-certifying that DMH will provide in-kind leverage of 200% of grant funding up to \$10,000,000. The leverage will be met through supportive and health services that will be provided to DMH participants on the program during the grant period 07/01/15 through 06/30/16. The Department understands that the leveraged \$10,000,000 in services will be utilized to meet the match requirements set forth in the Notice of Funding Availability (NOFA) for the Fiscal Year 2014 Continuum of Care Program Competition.

If you have any questions or concerns, please contact me or your staff may contact Maria Funk, Ph.D. at (213) 251-6582, or by e-mail at mfunk@dmh.lacounty.gov.

Sincerely,

Marvin J. Southard, D.S.W.
Director

MJS:MF:as

c: Maria Funk, Ph.D.



LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
550 S. VERMONT AVE., LOS ANGELES, CA 90020 HTTP://DMH.LACOUNTY.GOV



MARVIN J. SOUTHARD, D.S.W.
Director
ROBIN KAY, Ph.D.
Chief Deputy Director
RODERICK SHANER, M.D.
Medical Director

October 10, 2014

Douglas Guthrie
President and CEO
Housing Authority of the City of Los Angeles (HACLA)
2600 Wilshire Blvd.
Los Angeles, CA 90057

Re: HACLA Permanent Supportive Housing (PSH) Bonus Program

Dear Mr. Guthrie:

We are pleased to present the following confirmation of leverage contribution to your PSH Bonus Program.

Maria Funk
Representative of Issuing Company

Name of Organization Providing Contribution	LA County Department of Mental Health
Leverage	In-Kind
Type of Contribution	Supportive and Health Services
Numbers of Individuals to be Served with the Contribution	272
Value of the Contribution per Individual	\$36,765
Total Value of the Contribution	\$10,000,000
Name of Project	PSH Bonus
Name of Project Sponsor Organization	Housing Authority of the City of Los Angeles
Date the Contribution will be available	07/01/15 through 06/30/16
Name of Person Authorized to Commit This Contribution	Marvin J. Southard, D.S.W.
Title of Person Authorized to Commit This Contribution	Director
Signature of Person Authorized to Commit This Contribution	<i>Robin Kay for Marvin J. Southard</i>
Date	10/10/14



LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
550 S. VERMONT AVE., LOS ANGELES, CA 90020 HTTP://DMH.LACOUNTY.GOV



MARVIN J. SOUTHARD, D.S.W.
Director
ROBIN KAY, Ph.D.
Chief Deputy Director
RODERICK SHANER, M.D.
Medical Director

October 10, 2014

Douglas Guthrie
President and CEO
Housing Authority of the City of Los Angeles (HACLA)
2600 Wilshire Blvd.
Los Angeles, CA 90057

Re: HACLA Permanent Supportive Housing (PSH) Bonus Program

Dear Mr. Guthrie:

This letter provides documentation that Los Angeles County Department of Mental Health (DMH) is self-certifying that DMH will provide in-kind match of 25% of grant funding up to \$1,250,000. The match will be met through supportive services that will be provided to DMH participants on the program during the grant period 07/01/15 through 06/30/16. The Department understands that the match amount will be utilized to meet the requirements set forth in the Notice of Funding Availability (NOFA) for the Fiscal Year 2014 Continuum of Care Program Competition.

If you have any questions or concerns, please contact me or your staff may contact Maria Funk, Ph.D. at (213) 251-6582, or by e-mail at mfunk@dmh.lacounty.gov.

Sincerely,

Marvin J. Southard, D.S.W.
Director

MJS:MF:as

c: Maria Funk, Ph.D.



LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
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MARVIN J. SOUTHARD, D.S.W.
Director

ROBIN KAY, Ph.D.
Chief Deputy Director

RODERICK SHANER, M.D.
Medical Director

October 10, 2014

Douglas Guthrie
President and CEO
Housing Authority of the City of Los Angeles (HACLA)
2600 Wilshire Blvd.
Los Angeles, CA 90057

RE: HACLA Permanent Supportive Housing (PSH) Bonus Program

Dear Mr. Guthrie:

We are pleased to present the following confirmation of in-kind match contribution to your PSH Bonus Program.

Maria Funk
Representative of Issuing Company

Name of Organization Providing Contribution	LA County Department of Mental Health
Match	In-Kind
Type of Contribution	Supportive Services
Numbers of Individuals to be Served with the Contribution	272
Value of the Contribution per Individual	\$4,596
Total Value of the Contribution	\$1,250,000
Name of Project	PSH Bonus
Name of Project Sponsor Agency	Housing Authority of the City of Los Angeles
Date the Contribution will be available	07/01/15 through 06/30/16
Name of Person Authorized to Commit This Contribution	Marvin J. Southard, D.S.W.
Title of Person Authorized to Commit This Contribution	Director
Signature of Person Authorized to Commit This Contribution	<i>Robin Kay for Marvin J. Southard</i>
Date	10/10/14



Health Services
LOS ANGELES COUNTY

**Los Angeles County
Board of Supervisors**

Gloria Molina
First District

Mark Ridley-Thomas
Second District

Zev Yaroslavsky
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

Mitchell H. Katz, M.D.
Director

Hal F. Yee, Jr., M.D., Ph.D.
Chief Medical Officer

Christina R. Ghaly, M.D.
Strategic Planning Deputy Director

313 N. Figueroa Street, Suite 704
Los Angeles, CA 90012

Tel: (213)240-8363
Fax: (213) 482-3395

www.dhs.lacounty.gov

*To ensure access to high-quality,
patient-centered, cost-effective
health care to Los Angeles County
residents through direct services at
DHS facilities and through
collaboration with community and
university partners.*



www.dhs.lacounty.gov

October 10, 2014

Douglas Guthrie
President and CEO
Housing Authority of the City of Los Angeles
2600 Wilshire Blvd.
Los Angeles, CA 90057

Re: HACLA Permanent Supportive Housing (PSH) Bonus Program

Dear Mr. Guthrie:

This letter provides documentation that the Los Angeles County Department of Health Services is committing cash and in-kind LEVERAGING of \$10 million to the HACLA PSH Bonus Program covering the GRANT period of July 1, 2015 through June 30, 2016.

We understand that this commitment to the HACLA PSH Bonus Program will be utilized to support cash and in-kind leveraging as set forth in the Notice of Funding Availability (NOFA) for the Fiscal Year (FY) 2014 Continuum of Care Program Competition.

Please contact us if you need any additional information.

Sincerely,

Marc Trotz

Director, Housing for Health, LA County Department of Health Services



Health Services

LOS ANGELES COUNTY

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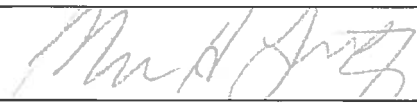
www.dhs.lacounty.gov

Douglas Guthrie
President and CEO
Housing Authority of the City of Los Angeles
2600 Wilshire Blvd.
Los Angeles, CA 90057

Re: HACLA PSH Bonus Program

Dear Mr. Guthrie,

We are pleased to present the following commitment of leverage to your PSH Bonus Program.

Name of Organization Providing Contribution	Los Angeles County Department of Health Services
Leverage (Cash or In-Kind)	In-Kind
Type of Contribution (Services, etc.)	Services
Numbers of Individuals to be Served with the Contribution	275
Value of the Contribution per Individual	\$36,363.64
Total Value of the Contribution	\$10,000,000
Name of Project	PSH Bonus
Name of Project Sponsor Organization	Housing Authority of the City of Los Angeles
Date the Contribution will be available	July 1, 2015 through June 30, 2016
Name of Person Authorized to Commit This Contribution	Marc Trotz
Title of Person Authorized to Commit This Contribution	Director, Housing for Health
Signature of Person Authorized to Commit This Contribution	
Date	October 10, 2014



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October 10, 2014

Douglas Guthrie
President and CEO
Housing Authority of the City of Los Angeles
2600 Wilshire Blvd.
Los Angeles, CA 90057

Re: HACLA Permanent Supportive Housing (PSH) Bonus Program

Dear Mr. Guthrie:

This letter provides documentation that Los Angeles County Department of Health Services is committing cash and in-kind MATCH of \$1,250,000 to the HACLA PSH Bonus Program covering the GRANT period of July 1, 2015 through June 30, 2016.

We understand that the funding provided by us to the HACLA PSH Bonus Program will be utilized to support cash and in-kind match requirements set forth in the Notice of Funding Availability (NOFA) for the Fiscal Year (FY) 2014 Continuum of Care Program Competition.

Please contact us if you need any additional information.

Sincerely,

Marc Trotz

Director, Housing for Health, LA County Department of Health Services



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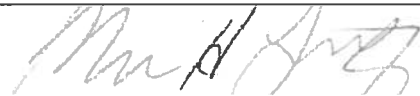
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Douglas Guthrie
President and CEO
Housing Authority of the City of Los Angeles
2600 Wilshire Blvd.
Los Angeles, CA 90057

Re: HACLA PSH Bonus Program

Dear Mr. Guthrie,

We are pleased to present the following commitment of match to your PSH Bonus Program.

Name of Organization Providing Contribution	Los Angeles County Department of Health Services
Match (Cash or In-Kind)	In-Kind
Type of Contribution (Services, etc.)	Services
Numbers of Individuals to be Served with the Contribution	275
Value of the Contribution per Individual	\$4,545.45
Total Value of the Contribution	\$1,250,000
Name of Project	PSH Bonus
Name of Project Sponsor Organization	Housing Authority of the City of Los Angeles
Date the Contribution will be available	July 1, 2015 through June 30, 2016
Name of Person Authorized to Commit This Contribution	Marc Trotz
Title of Person Authorized to Commit This Contribution	Director, Housing for Health
Signature of Person Authorized to Commit This Contribution	
Date	October 10, 2014



HOUSING AUTHORITY OF THE CITY OF LOS ANGELES
AN EQUAL EMPLOYMENT OPPORTUNITY-AFFIRMATIVE ACTION EMPLOYER
2600 Wilshire Boulevard • Los Angeles, California 90057 • (213) 252-2500
TTY (213) 252-5313

COMMISSIONERS
ELENORE A. WILLIAMS, *Chairperson*

EXECUTIVE DIRECTOR
RUDOLF MONTIEL

HOUSING AUTHORITY OF THE CITY OF LOS ANGELES CODE OF CONDUCT

The Department of Housing and Urban Development (HUD) competitive funding Notice of Funding Availability (NOFAs) states that an applicant must provide a copy of a Code of Conduct. The Housing Authority's Manual of Policy and Procedures (MPP) has addressed the required subjects in accordance with the HUD requirements for a Code of Conduct. Those policies, adopted by the Board of Commissioners, have been brought together, with this preface on letterhead that provides a mailing address, authorized official name, and telephone number, per HUD's requirements.

The policy and procedures in the MPP have been duly approved and adopted by the Authority's Board of Commissioners. Sections 108:09; 108.1; and 109.1 meet the requirements specified by HUD for Code of Conduct which must:

1. Prohibit the solicitation and acceptance of gifts or gratuities by officers, employees, and agents for their personal benefit in excess of minimal value; and
2. Outline administrative and disciplinary actions available to remedy violations of such standards,

To ensure that all officers, employees and agents of the organization are aware of the Code of Conduct, these sections are provided in hard copy in the Personnel Rules to all employees upon employment. Further, these Sections are included in the Manual of Policies and Procedures and the Personnel Rules, both of which are posted on the Housing Authority's Intranet.

OUTSIDE ACTIVITIES AND INTERESTS

Sec. 108:1301. POLITICAL ACTIVITY.

The Policy of the Authority regarding the political activities of its employees shall be to recognize and conform with the provisions of the Hatch Act.

Sec. 108:1302. CONFLICT OF INTEREST.

It is the basic policy of the Authority not to abridge any employee's civil or political liberties or other constitutionally guaranteed rights. However, the Authority is obligated to take reasonable steps to protect the public interest and Authority policy requires employees to refrain from participating in activities or enterprises which are in conflict with the public interest or with their duties as employees of the Authority. It will be the responsibility of every employee to notify the Executive Director of any potential conflict of interest.

Sec. 108:1303. RELATIONS WITH CONTRACTORS, VENDORS AND TENANTS.

All employees are hereby placed on notice to avoid contractual relationships with contractors, firms, or other organizations who, without prior approval of the Authority in or during the performance of any contract with the Authority in or during the performance of any contract with the Authority, employs or offers to employ employees of the Authority. The acceptance of any form of earned or unearned gift or emolument from active or prospective contractors, vendors and/or tenants shall be considered to be in conflict with the best interests of the Authority, and employees who accept said gift of emolument shall be subject to disciplinary action pursuant to the provisions of Section 108:09.

Sec. 108:1304. OUTSIDE EMPLOYMENT.

With approval of the Department Head, employees may engage in outside employment that is not in conflict with the interests of the Authority. Employees are required to have on file a notification of outside employment form with their respective department heads. Notification forms will be reviewed semi-annually by the Executive Director or designee.

DISCIPLINE

Sec. 108:0901. DEFINITIONS.

- (a) "Suspension" means either the temporary removal of an employee from such employee's position without pay as a disciplinary measure; or the removal of an employee during investigation of charges pending dismissal.
- (b) "Discharge" means the separation, dismissal, or removal of an employee from the service of the Authority for cause.
- (c) "Demotion" means a reduction in classification and pay for cause.

Sec. 108:0902. AUTHORITY TO SUSPEND, DEMOTE OR DISCHARGE.

Responsible supervisors for cause may suspend, demote, or discharge employees under their jurisdiction subsequent to notifying the appropriate Department Head and Personnel Department of such action and further, subject to the provisions of this section.

Sec. 108:0903. CAUSES FOR SUSPENSION, DEMOTION, OR DISCHARGE.

No employee having permanent status may be suspended, demoted, or discharged except for cause. Examples of specific causes which meet this requirement are as follows:

- (a) Incompetency, inefficiency, insubordination, discourteous treatment to the public or fellow employees, or any other adverse failure of personal conduct which is in conflict with or otherwise adversely affects the best interests of the Authority; provided, that upon demand of the accused employee, specific instances must set forth as to any cause enumerated under this heading.
- (b) Habitual and/or excessive use of alcoholic beverages; drinking alcoholic beverages on the job or on Authority property or reporting for duty in an intoxicated condition.
- (c) Use of possession for use or sale of illegal narcotics or controlled substances on the job or on Authority property.
- (d) Receipt of a performance rating below the point set by the Executive Director as "acceptable" provided the rating is supported by proof of the factors on which it is based.
- (e) Participation in political activity or solicitation of political recommendations on Authority property or any other political activity in contravention of the Hatch Act as amended.

DISCIPLINE

- (f) Conviction of a crime which bears a direct relationship to the position in which an employee is employed.
- (g) Habitual absenteeism or tardiness from work or abuse of sick leave privileges.
- (h) Incapacity to perform prescribed duties and/or tasks, when no reasonable accommodation can be provided.
- (i) An indebtedness status which is in conflict with or otherwise adversely affects the best interests of the Authority. Three (3) processed garnishments within one (1) year shall be considered contrary to the Authority's best interest under this provision.
- (j) Making of material false representations in connection with employment, retention, or promotion by the Authority, including falsification of statements on the Application for Employment form.
- (k) Purposeful disclosure of bids in advance of bid openings.
- (l) Willful violation of any part of these rules.
- (m) Employment in addition to that of the Authority which is in conflict with the best interests of the Authority.
- (n) Any fraternization with tenants detrimental to the landlord-tenant relationship or which otherwise tends to compromise the Authority's fiduciary relationship with its tenants.
- (o) Participation in any monetary transaction in the form of wagering, gambling or games of chance, whether legal or not, on Authority premises.

Sec. 108:0904. DISCHARGE, DEMOTION, AND SUSPENSION PROCEDURE.

- (a) Notice of intent. Whenever a responsible supervisor intends to suspend for five (5) days or more, demote or discharge a permanent employee, the supervisor shall notify the Personnel Department and give the employee a written Notice of Intent to Discipline which states:
 - 1. The discipline action intended.
 - 2. The specific charges upon which the charges are based.
 - 3. Notice of the employee's right to respond to the charges either orally or in writing to a responsible supervisor.
 - 4. The employee's right to review and copy all the material upon which the intended discipline is based.

DISCIPLINE

5. The date, time, and person before whom the employee may respond in no less than five (5) days.
6. Notice that failure to respond at the time specified shall constitute a waiver of the right to respond.

(b) Final Notice. If, after the response or the expiration of the employee's time to respond to the Notice of Intent, the responsible supervisor decides to proceed with disciplinary action, a Final Notice shall be served upon the employee either in person or by mail and shall be effective when served.

Sec. 108:0905. REMOVAL OF EMPLOYEE FROM DUTY

- (a) Where retention in active work status would be detrimental to the best interests of the Authority, employee or other employees, the employee may be removed from duty immediately or within less than ten (10) work days after service of the Notice of Intent. However, such removal shall not cause the employee loss of pay or benefits except as provided in (b) of this section.
- (b) When the employee has committed an overt act of misconduct which posed or continues to pose a clear and present threat to the health and safety of persons on property owned or managed by the Authority, such employee may be removed immediately from duty and from pay status.

PURCHASING & CONTRACTING

IX. ETHICS IN PUBLIC CONTRACTING.**A. GENERAL**

HACLA shall adhere to the following code of conduct, consistent with applicable State or local laws.

B. CONFLICT OF INTEREST

No employee, officer or agent of HACLA shall participate directly or indirectly in the selection or in the award or administration of any contract if a conflict, real or apparent, would be involved. Such conflict would arise when a financial or other interest in a firm selected for award is held by:

1. An employee, officer or agent involved in making the award; or,
2. His/her relative (including father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother or half sister); or,
3. His/her partner; or,
4. An organization which employs, is negotiating to employ, or has an arrangement concerning prospective employment, of any of the above.

C. GRATUITIES, KICKBACKS, AND USE OF CONFIDENTIAL INFORMATION

HACLA officers, employees or agents shall not solicit or accept gratuities, favors or anything of monetary value from contractors, potential contractors or parties to subcontracts, and shall not knowingly use confidential information for actual or anticipated personal gain.

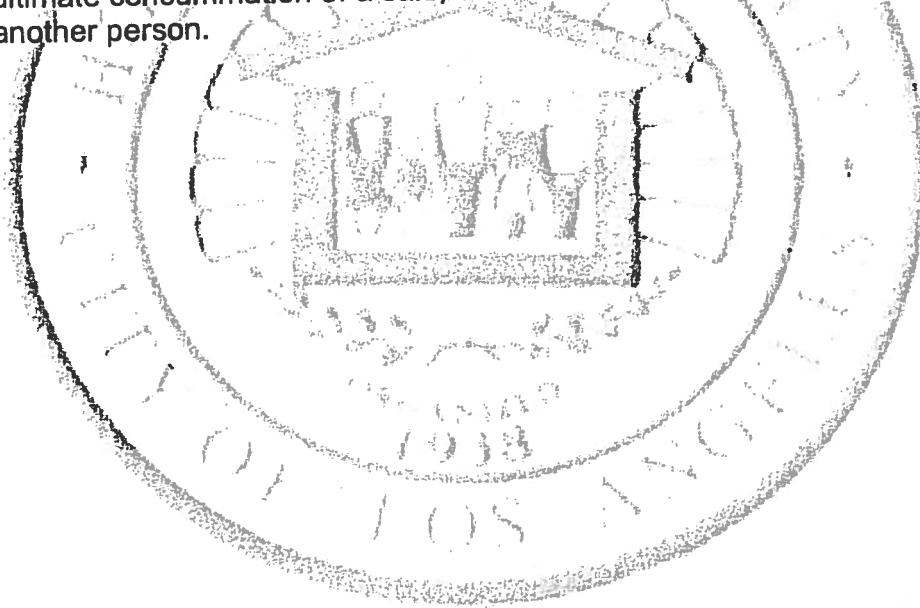
D. PROHIBITION AGAINST CONTINGENT FEES

Contractors shall not retain a person to solicit or secure a HACLA contract for a commission, percentage, brokerage or contingent fee, except for bona fide employees or bona fide established commercial selling agencies.

PURCHASING & CONTRACTING

E. FORMER EMPLOYEES

1. A former HACLA employee, officer or agent shall not knowingly act as a principal or agent for anyone other than HACLA in connection with any contract or claim in which said person participated personally and substantially through decision, approval, disapproval, recommendation, rendering of advice, investigation, or otherwise while a HACLA employee, officer or agent, where HACLA is a party or has a direct and substantial interest.
2. A former HACLA employee or officer shall not engage in selling or attempting to sell supplies, materials, services or equipment to HACLA for a period of one year after such employment ceases. The terms "sell " means signing a bid or proposal; negotiating a contract; contacting any HACLA employee for the purpose of obtaining, negotiating or discussing changes in specifications, price, cost allowances or other terms of a contract; settling contract disputes; or any other liaison activity with a view toward the ultimate consummation of a sale, even if the actual contract is negotiated by another person.





HOUSING AUTHORITY OF THE CITY OF LOS ANGELES
AN EQUAL EMPLOYMENT OPPORTUNITY - AFFIRMATIVE ACTION EMPLOYER
2600 Wilshire Boulevard • Los Angeles, California 90057 • (213) 252-2500
TTY (213) 252-5313

PRESIDENT AND CEO
DOUGLAS GUTHRIE

October 24, 2014

U.S. Department of Housing and Urban Development
HUD Headquarters
Attention: Continuum of Care Programs
Robert C. Weaver Federal Building
451 Seventh Street, SW., Room 7270
Washington, DC 20410

Dear Sir / Madame:

This is to certify our eligibility status to submit applications for the FY 2014 Continuum of Care Rental Assistance Renewal and New Permanent Supportive Housing grants, and the Permanent Supportive Housing Bonus grant.

We are qualified as a Public Housing Authority (PHA) as defined in the Federal Register Program summary chart in Section III.A.3.

Thank you for the opportunity to assist in ending chronic homelessness in the Los Angeles area.

If you have any questions or require further documentation, please contact Carlos VanNatter, Section 8 Assistant Director at (213) 252-6966.

Sincerely,

Douglas Guthrie
President and CEO

DG: PL: CVN: ky

Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing
and Urban Development

OMB Approval No. 2510-0011 (exp. 12/31/2015)

Instructions. (See Public Reporting Statement and Privacy Act Statement and detailed instructions on page 2.)

Applicant/Recipient Information

Indicate whether this is an Initial Report ☒ or an Update Report ☐

1. Applicant/Recipient Name, Address, and Phone (include area code): Housing Authority of the City of Los Angeles 2600 Wilshire Boulevard Los Angeles, CA 90057 (213) 252-1810	2. Social Security Number or Employer ID Number: 95-6001623
3. HUD Program Name Permanent Supportive Housing Bonus	4. Amount of HUD Assistance Requested/Received \$10,000,000.00
5. State the name and location (street address, City and State) of the project or activity:	

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3). <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No.
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If you answered "No" to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form.
However, you must sign the certification at the end of the report.

Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name and Address	Type of Assistance	Amount Requested/Provided	Expected Uses of the Funds

(Note: Use Additional pages if necessary.)

Part III Interested Parties. You must disclose:

- All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
- any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation in Project/Activity	Financial Interest in Project/Activity (\$ and %)

(Note: Use Additional pages if necessary.)

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

Signature: X 	Date: (mm/dd/yyyy) 10/27/14
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Certification for a Drug-Free Workplace

U.S. Department of Housing
and Urban Development

Applicant Name

The Housing Authority of the City of Los Angeles

Program/Activity Receiving Federal Grant Funding

HACLA Permanent Supportive Housing Bonus

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Check here ☐ if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.

(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Douglas Guthrie

Title

President & CEO

Signature

X

Date

10/27/14

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

*** 2. Type of Application:**

- ☒ New
☐ Continuation
☐ Revision

*** If Revision, select appropriate letter(s):**

*** Other (Specify):**

*** 3. Date Received:**

10/27/2014

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:** Housing Authority of the City of Los Angeles

*** b. Employer/Taxpayer Identification Number (EIN/TIN):**

95-6001623

*** c. Organizational DUNS:**

0772337320000

d. Address:

*** Street1:** 2600 Wilshire Boulevard

Street2:

*** City:** Los Angeles

County/Parish:

*** State:** CA: California

Province:

*** Country:** USA: UNITED STATES

*** Zip / Postal Code:** 90057

e. Organizational Unit:

Department Name:

Section 8

Division Name:

Special Programs Administratio

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mr. *** First Name:** Carlos

Middle Name:

*** Last Name:** VanNatter

Suffix:

Title: Assistant Director

Organizational Affiliation:

*** Telephone Number:** (213) 252-6966

Fax Number: (213) 252-2650

*** Email:** Carlos.VanNatter@hacla.org

Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:

L: Public/Indian Housing Authority

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

U.S. Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.267

CFDA Title:

Continuum of Care Rental Assistance

* 12. Funding Opportunity Number:

FR-5800-N-30

* Title:

FY 2014 Permanent Supportive Housing Bonus

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

2014 Continuum of Care Permanent Supportive Housing Bonus application for the Housing Authority of the City of Los Angeles.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="10,000,000.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="10,000,000.00"/>

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on
- ☒ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)

☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:



* Date Signed:

10/27/14

PROJECT NAME	PROJECT NUMBER	PROJECT ADDRESS	CONGRESSIONAL DISTRICT(S) (All CA-)	FUNDING REQUEST
A Community of Friends - Vandome Apartments	CA1220L9D001301	975 N. Vendome St. Los Angeles, CA 90026	31	\$ 414,308
ACOF - Brandon Apts.	CA0917L9D001304	735 Hartford St. Los Angeles, CA 90017	34	\$ 394,779
ACOF - Fox Normandie	CA0335L9D001306	849 S. Normandie Ave. Los Angeles, CA 90005	31	\$ 132,213
ACOF - Gateway Hotel	CA0783L9D001305	444 N. Hoover Street Los Angeles, CA 90004	31	\$ 293,047
ACOF - Vista, 39 West, Fig. Ct., Parker	CA0336L9D001306	Scattered Sites	31, 33, 34, 35	\$ 1,548,055
ACOF - Woodland Terrace	CA0916L9D001304	15532 Nordhoff Street Los Angeles, CA 91343	27	\$ 530,485
Hillview - Hillview Village	CA0392L9D001306	12408 Van Nuys Blvd A & B Pacoima, CA 91331	28	\$ 136,361
Hillview Mental Health Ctr - Hillview Village	CA0391L9D001306	12408 Van Nuys Blvd A & B Pacoima, CA 91331	28	\$ 248,749
Hillview Mental Health Ctr - Scattered Sites	CA0393L9D001306	TRA	28	\$ 195,373
Hollywood Community - Bungalow Counts	CA0326L9D001301	Scattered Sites	31	\$ 184,614
Hollywood Community - Scattered Sites	CA0395L9D001306	Scattered Sites	31	\$ 1,216,988
Housing Authority of the City of Los Angeles - SRA	CA0324L9D001301	Scattered Sites	28, 31, 33, 34, 35, 36	\$ 1,170,969
L.A. County DMH - Scattered Sites	CA0405L9D001306	TRA	25, 27, 28, 29, 30, 31, 33, 34, 36, 37, 39, 46	\$ 3,987,565
LAMP, Inc. - Scattered Sites	CA0408L9D001306	Scattered Sites	33	\$ 202,102
LAMP, Inc., - LAMP Lodge	CA0407L9D001306	660 Stanford Ave. Los Angeles, CA 90013	33	\$ 141,471
National Mental Health - Mental Health Association	CA0420L9D001306	1925 Washington Blvd Los Angeles, CA 90018	36	\$ 202,102
OPCC - Various Locations	CA0920L9D001304	TRA	27, 28, 30, 33, 35, 36	\$ 854,759
Portals/Pacific Clinics - Various Locations	CA0438L9D001306	TRA	27, 28, 31, 33, 34, 35	\$ 268,472
Project New Hope - Hoover and Nyumba Apts.	CA0444L9D001306	Scattered Sites	33	\$ 417,005
Project New Hope - Norlin: Lockwood	CA0445L9D001306	Scattered Sites	33	\$ 291,237
Project New Hope - Tripp House	CA0921L9D001304	1130-1136 Palos Verdes St. San Pedro, CA 90731	33	\$ 48,843
Skid Row Housing Trust - Abbey Apartments	CA1051L9D001303	625 S. San Pedro St. Los Angeles, CA 90014	34	\$ 454,729
Skid Row Housing Trust - Samaritan Grant	CA1217L9D001301	521 & 625 S. San Pedro St. Los Angeles, CA 90014	34	\$ 1,192,399
Skid Row Housing Trust - Scattered Sites	CA0464L9D001306	Scattered Sites	34	\$ 2,083,290
Skid Row Housing Trust - Skid Row Collaborative	CA0797L9D001305	Scattered Sites	34	\$ 1,977,707
Skid Row Housing Trust - St. George Hotel 1	CA1216L9D001301	115 E. 3rd Street Los Angeles, CA 90013	34	\$ 522,716
Skid Row Housing Trust - St. George Hotel 2-SG	CA1224L9D001301	115 E. 3rd Street Los Angeles, CA 90013	34	\$ 151,576
Special Services for Groups - TRA	CA0328C9D000800	TRA	30, 31, 34, 35	\$ 64,611
Special Services for Groups - TRA	CA0798L9D001305	TRA	30, 31, 34, 35	\$ 714,957
Special Services for Groups - Various Sites	CA0472L9D001306	Scattered Sites	30, 31, 34, 35	\$ 293,535
SRO Housing - Brownstone Hotel	CA1049L9D001303	427 E 5th Street Los Angeles, CA 90013	34	\$ 474,939
SRO Housing - Eugene Hotel	CA0799L9D001305	560 Stanford Avenue Los Angeles, CA 90013	34	\$ 434,518
SRO Housing - Lyndon House	CA1050L9D001303	417 E 7th Street Los Angeles, CA 90014	34	\$ 586,120
SRO Housing - Scattered Sites	CA0473L9D001306	Scattered Sites	34	\$ 1,651,481
St. Joseph Center - Scattered Sites	CA0474L9D001306	Scattered Sites	25, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 39, 46	\$ 826,601
St. Joseph Center - TRA	CA0329C9D000800	TRA	25, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 39, 46	\$ 267,547
Venice Community Housing Corp. - Scattered Sites	CA0519L9D001306	Scattered Sites	33	\$ 340,632
Watts Labor CAC - McCoy Plaza	CA0923L9D001304	9320 Success Avenue Los Angeles, CA 90002	35	\$ 322,412

K

Housing Authority of the City of Los Angeles - Supportive Housing Bonus	New Project	TRA	25, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 39, 46	\$ 9,995,424
L.A. County DMH - Multidisciplinary Integrated Teams	New Project	TRA	25, 27, 28, 29, 30, 31, 33, 34, 36, 37, 39, 46	\$ 1,293,232
L.A. Family Housing - SPA 2 Welcome Home Project	New Project	TRA	25, 28, 29, 30, 33, 34	\$ 324,518
San Fernando Valley Community Mental Health Center - FY2014 PSH TRA	New Project	TRA	25, 28, 29, 30, 33, 34	\$ 287,616
Special Services for Groups - SPA 6 CES	New Project	TRA	30, 31, 34, 35	\$ 801,730

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OMB

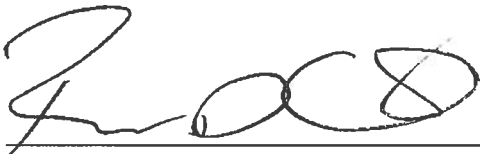
0348-0046

(See reverse for public burden disclosure.)

1. Type of Federal Action: <input checked="checked" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance		2. Status of Federal Action: <input checked="checked" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award		3. Report Type: <input checked="checked" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____	
4. Name and Address of Reporting Entity: <input checked="checked" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: HOUSING AUTHORITY CITY OF LOS ANGELES SECTION 8 - SPA DEPT 2600 WILSHIRE BLVD 2ND FLOOR LOS ANGELES CA 90057 Congressional District, if known: 4c CA-24			5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:		
6. Federal Department/Agency: U.S. Department of Housing and Urban Development			7. Federal Program Name/Description: Continuum of Care Rental Assistance CFDA Number, if applicable: 14.267		
8. Federal Action Number, if known: FR-5800-N-30			9. Award Amount, if known: \$		
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):			b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):		
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.			Signature: <u>Doug Guthrie</u> Print Name: <u>DOUG GUTHRIE</u> Title: <u>PRESIDENT + CEO, HACLA</u> Telephone No.: <u>213-252-1816</u> Date: <u>10/27/14</u>		
Federal Use Only:				Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)	

**Certification by State or Local Official of PHA Plans Consistency with the
Consolidated Plan**

I, Rushmore D. Cervantes the General Manager certify that the Five Year and
Annual PHA Plan of the Housing Authority of the City of L.A. is consistent with the Consolidated Plan of
The City of Los Angeles prepared pursuant to 24 CFR Part 91.



Signed / Dated by Appropriate State or Local Official

§ 578.75

funds from the source are not statutorily prohibited to be used as a match. The recipient must ensure that any funds used to satisfy the matching requirements of this section are eligible under the laws governing the funds in order to be used as matching funds for a grant awarded under this program.

(c) *In-kind contributions.* (1) The recipient or subrecipient may use the value of any real property, equipment, goods, or services contributed to the project as match, provided that if the recipient or subrecipient had to pay for them with grant funds, the costs would have been eligible under Subpart D, or, in the case of HPCs, eligible under § 578.71.

(2) The requirements of 24 CFR 84.23 and 85.24 apply.

(3) Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services. Services provided by individuals must be valued at rates consistent with those ordinarily paid for similar work in the recipient's or subrecipient's organization. If the recipient or subrecipient does not have employees performing similar work, the rates must be consistent with those ordinarily paid by other employers for similar work in the same labor market.

(i) The MOU must establish the unconditional commitment, except for selection to receive a grant, by the third party to provide the services, the specific service to be provided, the profession of the persons providing the service, and the hourly cost of the service to be provided.

(ii) During the term of the grant, the recipient or subrecipient must keep and make available, for inspection, records documenting the service hours provided.

§ 578.75 General operations.

(a) *State and local requirements.* (1) Housing and facilities constructed or rehabilitated with assistance under this part must meet State or local building codes, and in the absence of State or local building codes, the International Residential Code or International Building Code (as applicable

24 CFR Ch. V (4-1-13 Edition)

to the type of structure) of the International Code Council.

(2) Services provided with assistance under this part must be provided in compliance with all applicable State and local requirements, including licensing requirements.

(b) *Housing quality standards.* Housing leased with Continuum of Care program funds, or for which rental assistance payments are made with Continuum of Care program funds, must meet the applicable housing quality standards (HQS) under 24 CFR 982.401 of this title, except that 24 CFR 982.401(j) applies only to housing occupied by program participants receiving tenant-based rental assistance. For housing rehabilitated with funds under this part, the lead-based paint requirements in 24 CFR part 35, subparts A, B, J, and R apply. For housing that receives project-based or sponsor-based rental assistance, 24 CFR part 35, subparts A, B, H, and R apply. For residential property for which funds under this part are used for acquisition, leasing, services, or operating costs, 24 CFR part 35, subparts A, B, K, and R apply.

(1) Before any assistance will be provided on behalf of a program participant, the recipient, or subrecipient, must physically inspect each unit to assure that the unit meets HQS. Assistance will not be provided for units that fail to meet HQS, unless the owner corrects any deficiencies within 30 days from the date of the initial inspection and the recipient or subrecipient verifies that all deficiencies have been corrected.

(2) Recipients or subrecipients must inspect all units at least annually during the grant period to ensure that the units continue to meet HQS.

(c) *Suitable dwelling size.* The dwelling unit must have at least one bedroom or living/sleeping room for each two persons.

(1) Children of opposite sex, other than very young children, may not be required to occupy the same bedroom or living/sleeping room.

(2) If household composition changes during the term of assistance, recipients and subrecipients may relocate the household to a more appropriately sized unit. The household must still

have access to appropriate supportive services.

(d) *Meals.* Each recipient and subrecipient of assistance under this part who provides supportive housing for homeless persons with disabilities must provide meals or meal preparation facilities for residents.

(e) *Ongoing assessment of supportive services.* To the extent practicable, each project must provide supportive services for residents of the project and homeless persons using the project, which may be designed by the recipient or participants. Each recipient and subrecipient of assistance under this part must conduct an ongoing assessment of the supportive services needed by the residents of the project, the availability of such services, and the coordination of services needed to ensure long-term housing stability and must make adjustments, as appropriate.

(f) *Residential supervision.* Each recipient and subrecipient of assistance under this part must provide residential supervision as necessary to facilitate the adequate provision of supportive services to the residents of the housing throughout the term of the commitment to operate supportive housing. Residential supervision may include the employment of a full- or part-time residential supervisor with sufficient knowledge to provide or to supervise the provision of supportive services to the residents.

(g) *Participation of homeless individuals.* (1) Each recipient and subrecipient must provide for the participation of not less than one homeless individual or formerly homeless individual on the board of directors or other equivalent policymaking entity of the recipient or subrecipient, to the extent that such entity considers and makes policies and decisions regarding any project, supportive services, or assistance provided under this part. This requirement is waived if a recipient or subrecipient is unable to meet such requirement and obtains HUD approval for a plan to otherwise consult with homeless or formerly homeless persons when considering and making policies and decisions.

(2) Each recipient and subrecipient of assistance under this part must, to the

maximum extent practicable, involve homeless individuals and families through employment; volunteer services; or otherwise in constructing, rehabilitating, maintaining, and operating the project, and in providing supportive services for the project.

(h) *Supportive service agreement.* Recipients and subrecipients may require the program participants to take part in supportive services that are not disability-related services provided through the project as a condition of continued participation in the program. Examples of disability-related services include, but are not limited to, mental health services, outpatient health services, and provision of medication, which are provided to a person with a disability to address a condition caused by the disability. Notwithstanding this provision, if the purpose of the project is to provide substance abuse treatment services, recipients and subrecipients may require program participants to take part in such services as a condition of continued participation in the program.

(i) *Retention of assistance after death, incarceration, or institutionalization for more than 90 days of qualifying member.* For permanent supportive housing projects surviving, members of any household who were living in a unit assisted under this part at the time of the qualifying member's death, long-term incarceration, or long-term institutionalization, have the right to rental assistance under this section until the expiration of the lease in effect at the time of the qualifying member's death, long-term incarceration, or long-term institutionalization.

§ 578.77 Calculating occupancy charges and rent.

(a) *Occupancy agreements and leases.* Recipients and subrecipients must have signed occupancy agreements or leases (or subleases) with program participants residing in housing.

(b) *Calculation of occupancy charges.* Recipients and subrecipients are not required to impose occupancy charges on program participants as a condition of residing in the housing. However, if occupancy charges are imposed, they may not exceed the highest of:

Exhibit C

Service Provider subcontractor list

1. Downtown Women's Center
2. GettLove
3. Homeless Health Care Los Angeles
4. L.A. Family Housing Corporation
5. LAMP, Inc.
6. Mental Health America of Los Angeles
7. Ocean Park Community Center
8. Special Service for Groups, Inc.
9. St. Joseph Center
10. Step Up On Second, Inc.